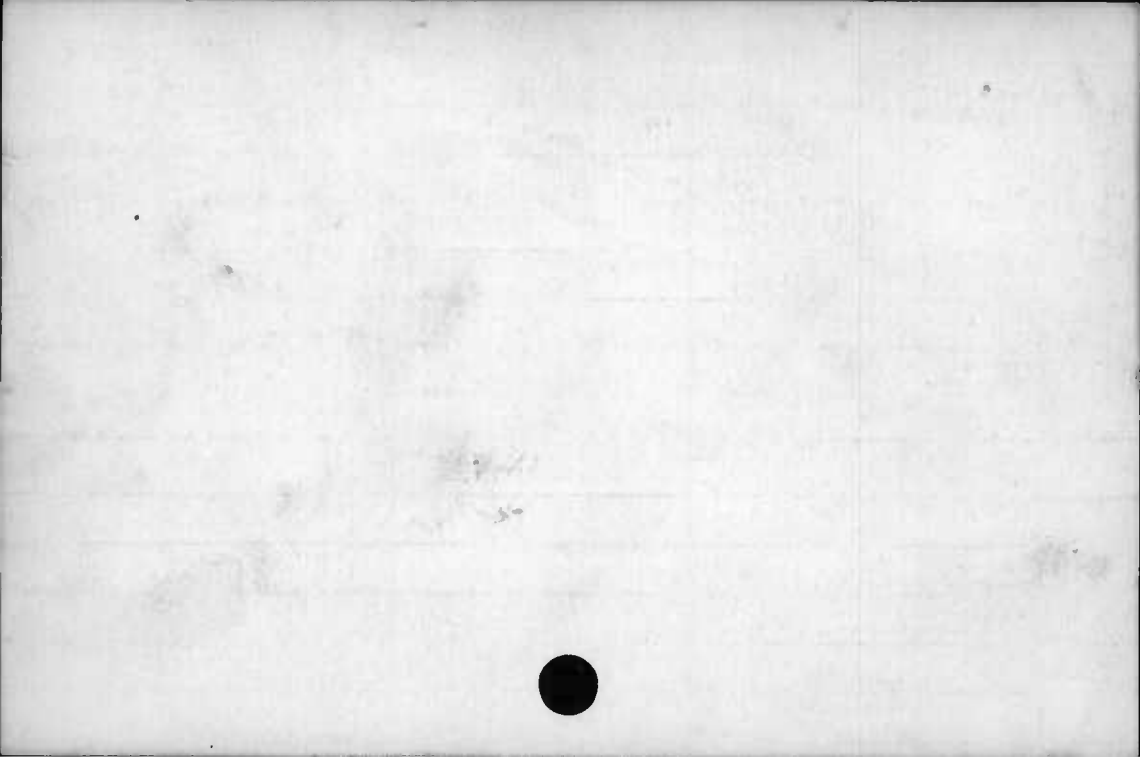


Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Date of death		1906	Month 2	Day 13	Age	Years -	Months -1	Days 7
	Sex		Male		Color or Race		White		
	Occupation				Birth-place		Ind		
					Where Residing if not at place of death				
	Married, Single or Widowed				Name of Wife or Husband				
	Father's Name		Daniel Anderson		Father's Birthplace		Va		
Mother's Maiden Name		Rennie Jenkins		Mother's Birthplace		Va			
Name of person giving information		Fannie Anderson		How related to deceased		Mother			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pneumonia (93)				How long		6 days
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address		
					Fannie Anderson		Hagerstown Md		
	Accident or Suicide?						Undertaker		



Name  
In  
Full

Daniel Ralph Baker 2857

CERTIFICATE OF DEATH

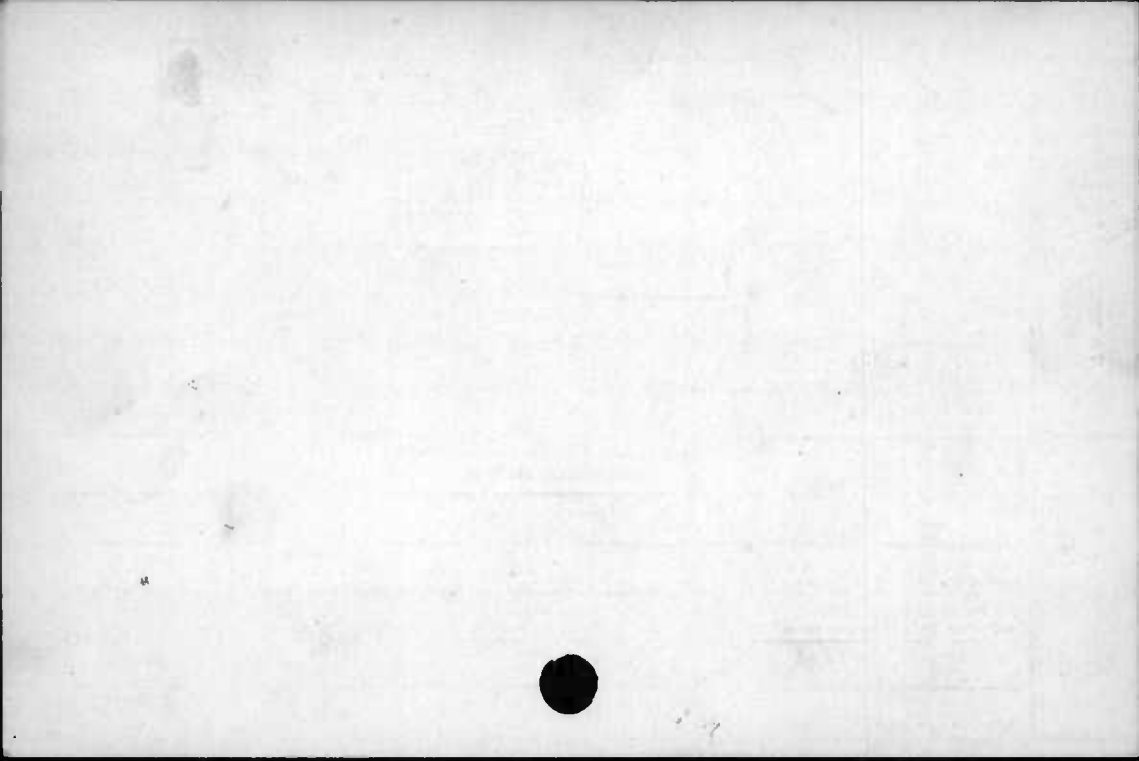
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Otterbume		County Washington		MARYLAND	
Date of death	1906	Month Feb.	Day 27	Age	Years	Months 4	Days 21
Sex	Male		Color or Race	White		Birth- place	Otterbume
Occupation				Where Residing If not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Baker				Father's Birthplace	
Mother's Maiden Name		Rosa L Heard				Mother's Birthplace	
Name of person giving In formation		John Baker				How related to deceased	

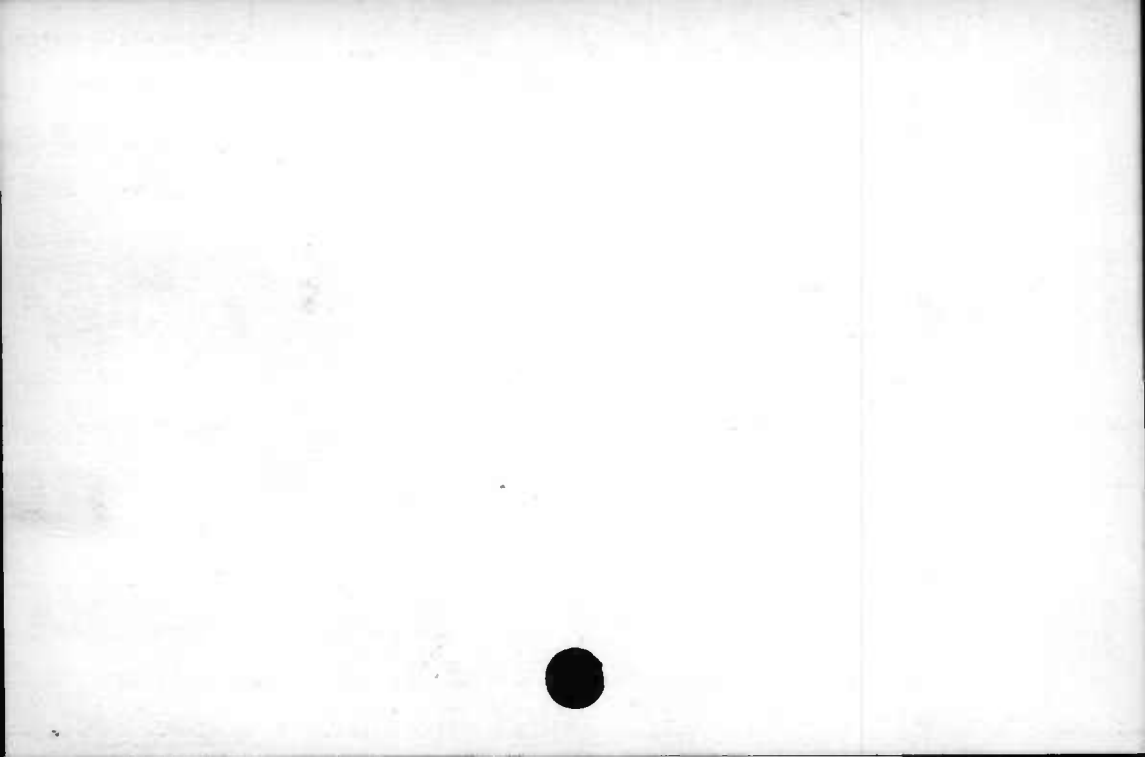
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

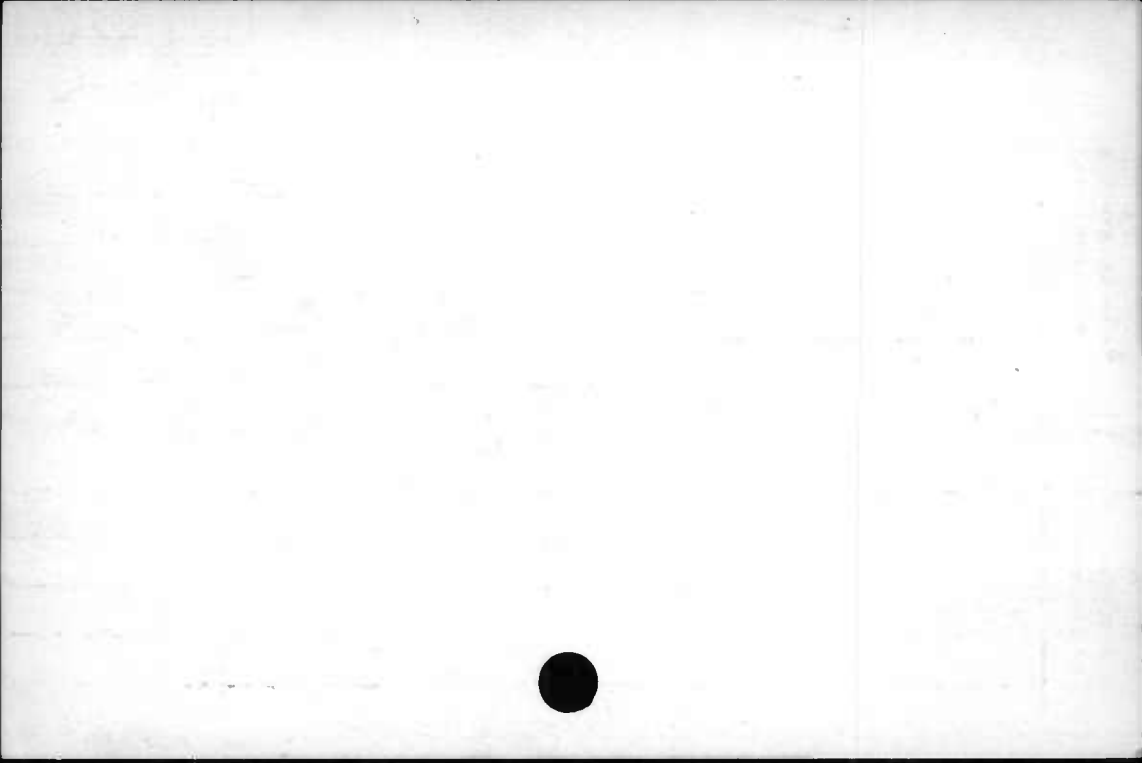
Primary	Pneumonia	How long	three day
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. J. F. Lesher	
Address		Williamsport Md	
Accident or Suicide?		No	



Name in Full		Levi Hubert Barker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Roxbury		County Washington		MARYLAND	
	Date of death	1906	Month February	Day 22	Age	Years —	Months 15 - Days 11
	Sex	Male		Color or Race	White		Birth-place Maryland
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Barker				Father's Birthplace	Maryland
	Mother's Maiden Name	Florence Gutterges				Mother's Birthplace	Maryland
	Name of person giving information	John Barker				How related to deceased	Brother
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Gastro-enteritis			(105)	How long	2 days
	Immediate	Sporans				How long	1 hour
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	J. Hubert, M.D.	
					Address	Baltimore, Maryland	
	Accident or Suicide?			No			



Name in Full		Geo Calvin Beard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Smithsburg		County Washington		MARYLAND
	Date of death	1906	Month 2	Day 9	Age 45	Months 10	Days 23
	Sex	Male		Color or Race	White		Birth place
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Susan Rowland			
	Father's Name	George Beard				Father's Birthplace Chesville	
	Mother's Maiden Name	Susan Rowland				Mother's Birthplace "	
Name of person giving information	Mrs. Beard				How related to deceased wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Comp. Community Fracture Leg			How long 2 weeks	
	Immediate		Thrombosis			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J L Muscic M.D.			
				Address and A E Wareham "			
Accident or Suicide?			retol Smithsburg - Washington				





Name  
in  
Full

## CERTIFICATE OF DEATH

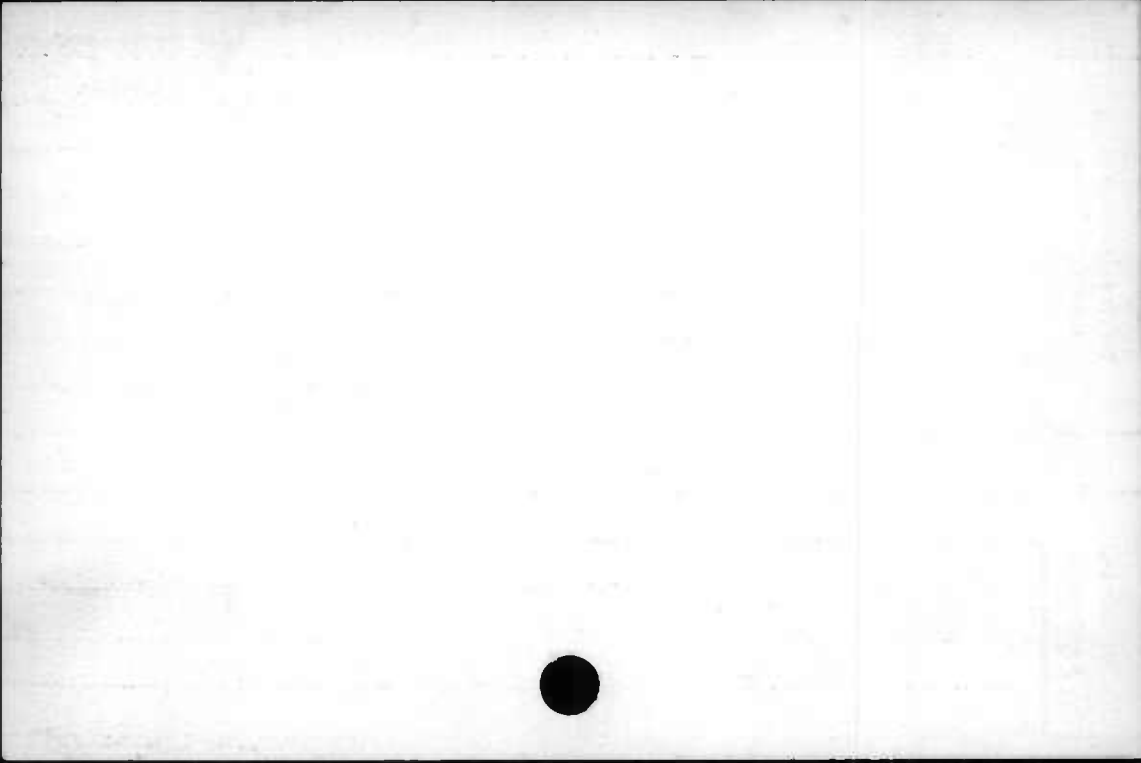
TO BE ANSWERED BY  
NEAREST FRIEND


Name in Full <i>Lottie Beard</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Smithsburg</i>		Month <i>2</i>		Day <i>10</i>		Years <i>10</i>	
Date of death <i>1906</i>		Month <i>2</i>		Day <i>10</i>		Years <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Smithsburg</i>		Days <i>21</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Smithsburg</i>					
<del>Married</del> , Single		Name of Wife or Husband <i>—</i>					
Father's Name <i>George C. Beard</i>		Father's Birthplace <i>Cheneyville</i>					
Mother's Maiden Name <i>Margaret Wolf</i>		Mother's Birthplace <i>Garfield</i>					
Name of person giving information <i>George C. Beard</i>		How related to deceased <i>Father</i>					

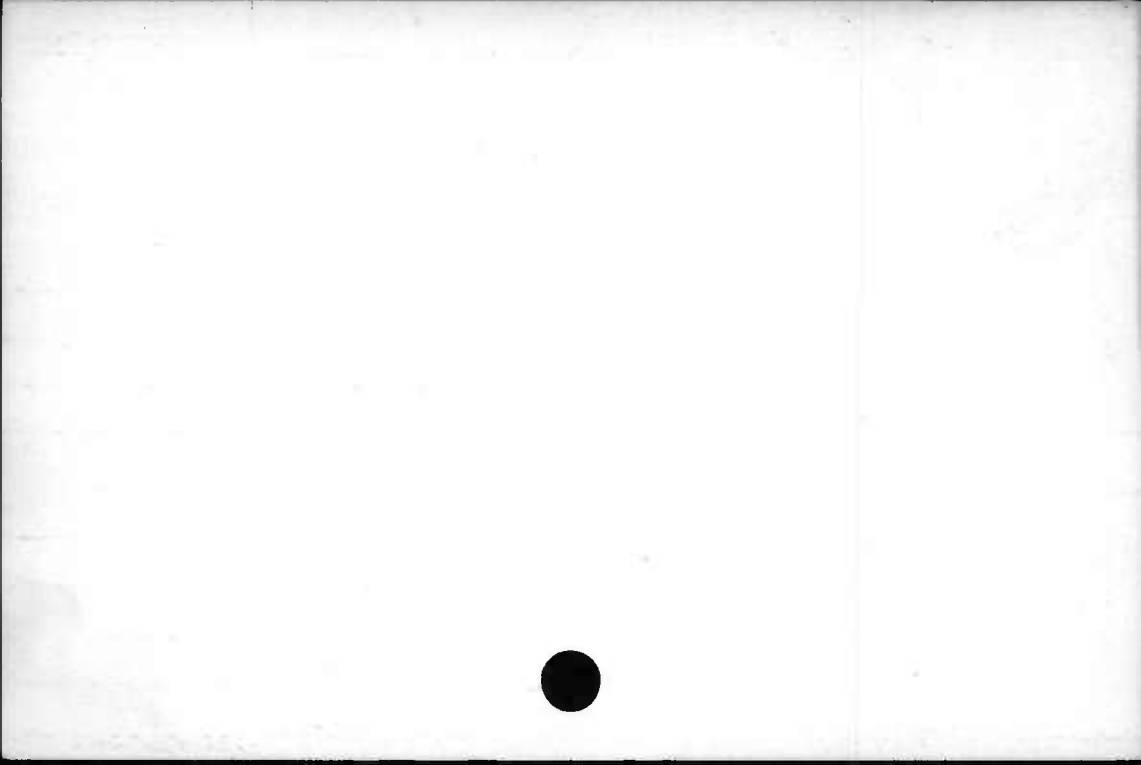
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Burned</i>	How long <i>One week</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>MD. Kefauver MD.</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
Mary Virginia Biser		MARYLAND			
Died at <sup>Town</sup> <i>near Keedyville</i>		<sup>County</sup> <i>Washington</i>			
Date of death	Month	Day	Years	Months	Days
<i>1906</i>	<i>2</i>	<i>8</i>	<i>12</i>	<i>1</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Keedyville Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death " " "				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Harvey Grant Biser</i>	Father's Birthplace <i>Middletown Md</i>				
Mother's Maiden Name <i>Fannie Olivia Kefauver</i>	Mother's Birthplace " " "				
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
Primary <i>Chronic Otitis media</i>	<i>(76)</i>			How long <i>11 years</i>	
Immediate <i>Cerebral Abscess</i>				How long <i>5 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. K. Biser</i>		Address <i>Keedyville Md</i>		
<i>Yes</i>					
Accident or Suicide?					



Name  
in  
Full

CERTIFICATE OF DEATH

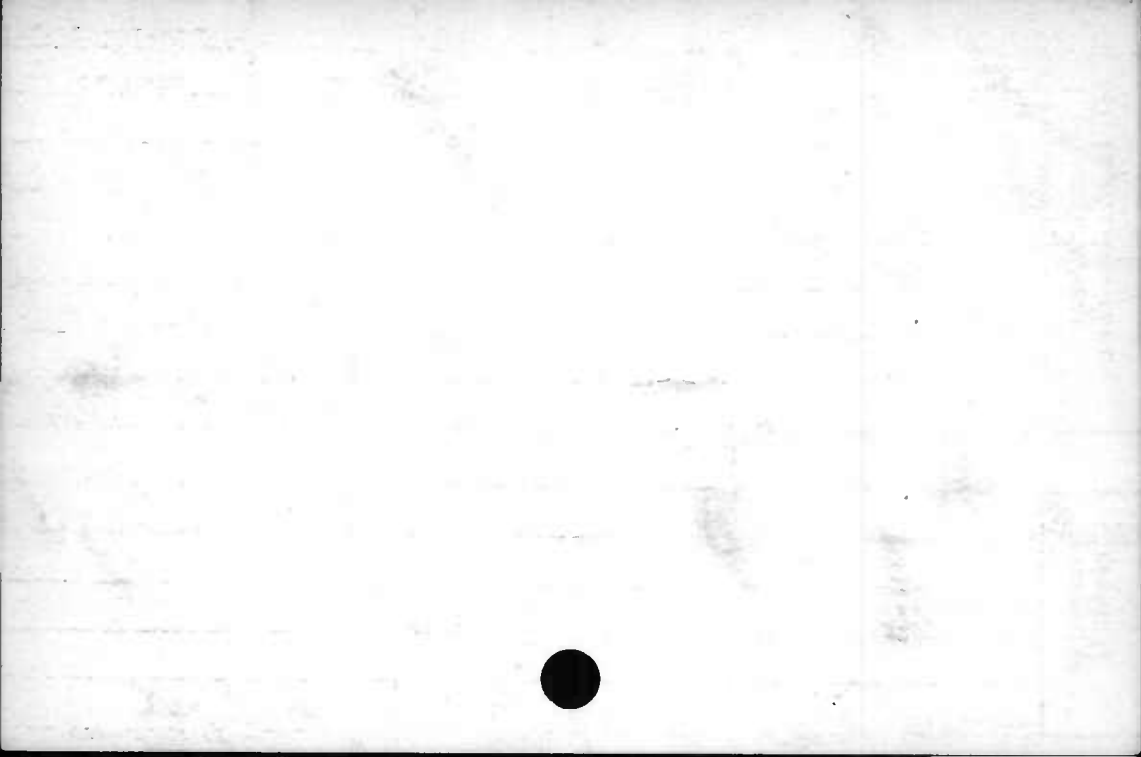
TO BE ANSWERED BY  
NEAREST FRIEND

Banner Bishop		Town		County		MARYLAND	
Died <del>at</del> Hancock		Washington					
Date of death	1906	Month	Feb.	Day	4	Age	33
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		died at home	
Married, Single or Widowed		Married		Name of Wife or Husband		Buddy Pryor	
Father's Name		John Bishop		Father's Birthplace		Penn	
Mother's Maiden Name		Betsie Norris		Mother's Birthplace		17	
Name of person giving information		George Bishop		How related to deceased		2nd Cousin	

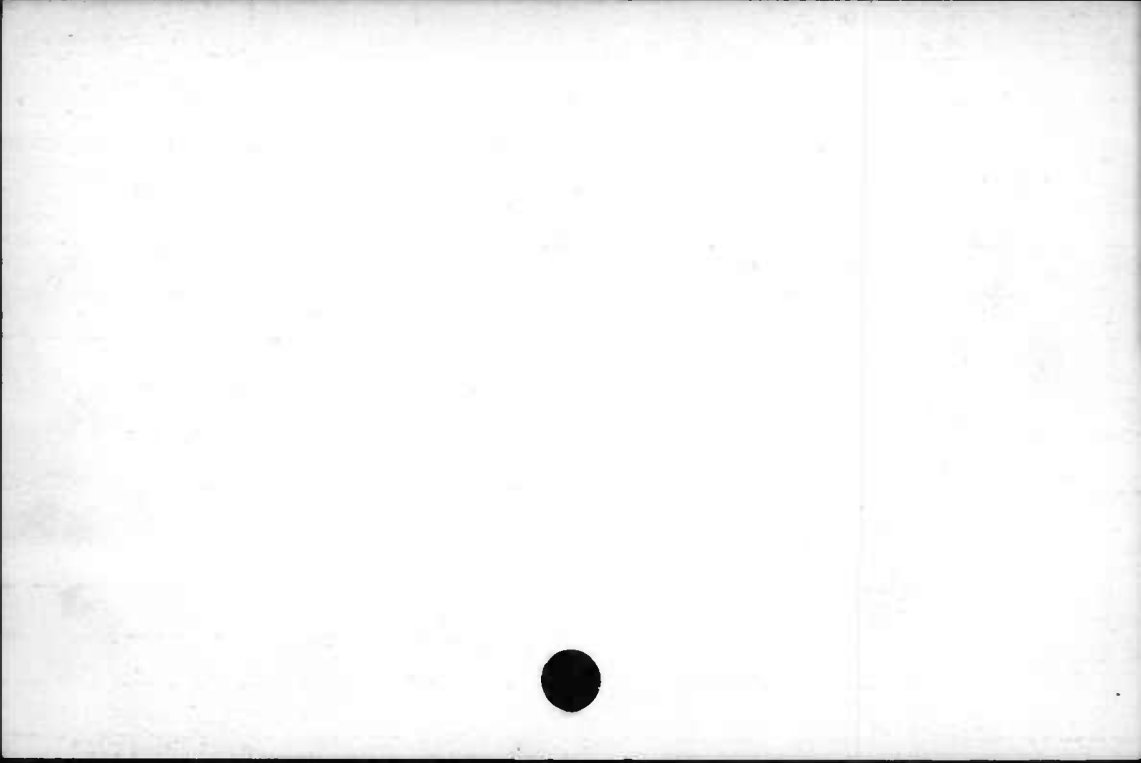
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		G. E. Shigen	
		Address	
		Hancock, Md.	
Accident or Suicide?			



Name in Full		Daniel Theodore Bovey				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	State					
		Keadysville		Washington		MARYLAND					
		Date of death	1906	Month	2	Day	1	Age	Years	Months	Days
		Male		Sex	Color or Race	White		Birthplace	Keadysville		
		None		Occupation	Where Residing if not at place of death		Home				
		Married, Single or Widowed		Name of Wife or Husband							
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace					
		Charles Bovey				Keadysville					
		Mother's Maiden Name				Mother's Birthplace					
		Emma C. Bovey				Gallant					
		Name of person giving information				How related to deceased					
		Chas H Bovey				Father					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long					
		Premature				151					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
						Address					
						Keadysville Md					
		Accident or Suicide?									





Name  
in  
Full

Ann Maria Boyer

## CERTIFICATE OF DEATH

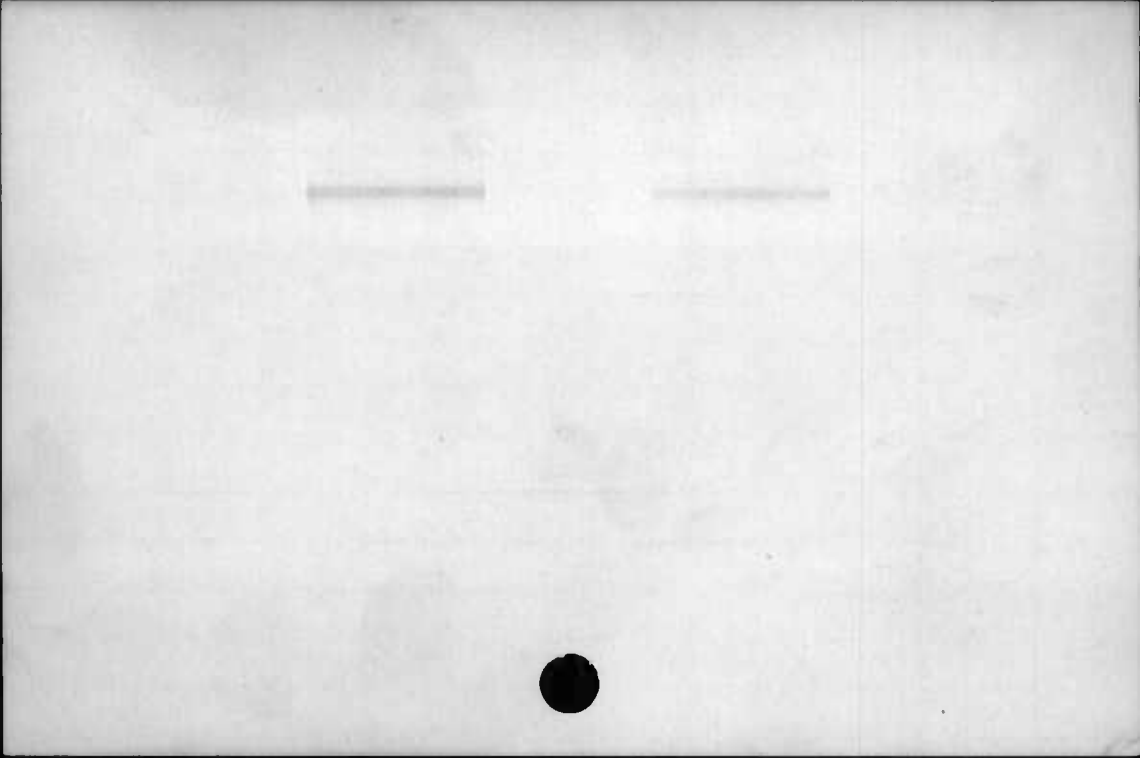
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagerstown		Washington					
Date of death	1906	Month	2	Day	11	Age	89
Sex	Female	Color or Race	White	Birthplace	Md	Months	11
Occupation				Where Residing if not at place of death		Days	16
Married, Single or Widowed	Widow	Name of Wife or Husband		Wilbur Boyer			
Father's Name	As	Pheasant		Father's Birthplace		Md	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	David S. Boyer			How related to deceased		Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senile	How long	✓
Immediate		How long	✓
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. Miller
		Address	Hagerstown
Accident or Suicide?			no



Name  
in  
Full

S Lewis Brewer

## CERTIFICATE OF DEATH

Died at		Town Ricksville		County Washington		MARYLAND	
Date of death		Month 1906	Day 2	Age 15	Years 6	Months 8	Days 25
Sex Male		Color or Race White		Birth- place Ind			
Occupation Farmer				Where Residing if not at place of death			
Married, <del>Single</del> <del>Widowed</del>		Name of Wife or Husband M. E. Troup					
Father's Name David Brewer		Father's Birthplace Ind					
Mother's Maiden Name Elizabeth Bushwa		Mother's Birthplace Ind					
Name of person giving In formation Mrs Brewer		How related to deceased Wife					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Softening Brain	How long	1 year
	Immediate	Dilated Heart	How long	3 months
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Harry Koutzman	
		Address		Fairview Ind
Accident or Suicide?				

18  
July 20-44

Name  
in  
Full

Frederick G. Burger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Reisterstown*<sup>County</sup> *Wash.*Date  
of death *1906*Month *2*Day *1*

Age

Years *42*Months *11*Days *13*Sex *male*Color or  
Race*white*Birth-  
place*Md.*

Occupation

*Contractor*Where Residing If not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Barbara Ernest Burger*Father's  
Name*Conrad Burger*Father's  
Birthplace*Germany*Mother's  
Maiden Name*Dora Kalbskulp*Mother's  
Birthplace*"*Name of person giving  
Information*Barbara Burger*How related  
to deceased*Wife*

## CAUSES OF DEATH

Primary

*Cerebral Tumor*

How long

*9 weeks*

Immediate

*Cerebral Hemorrhage*

How long

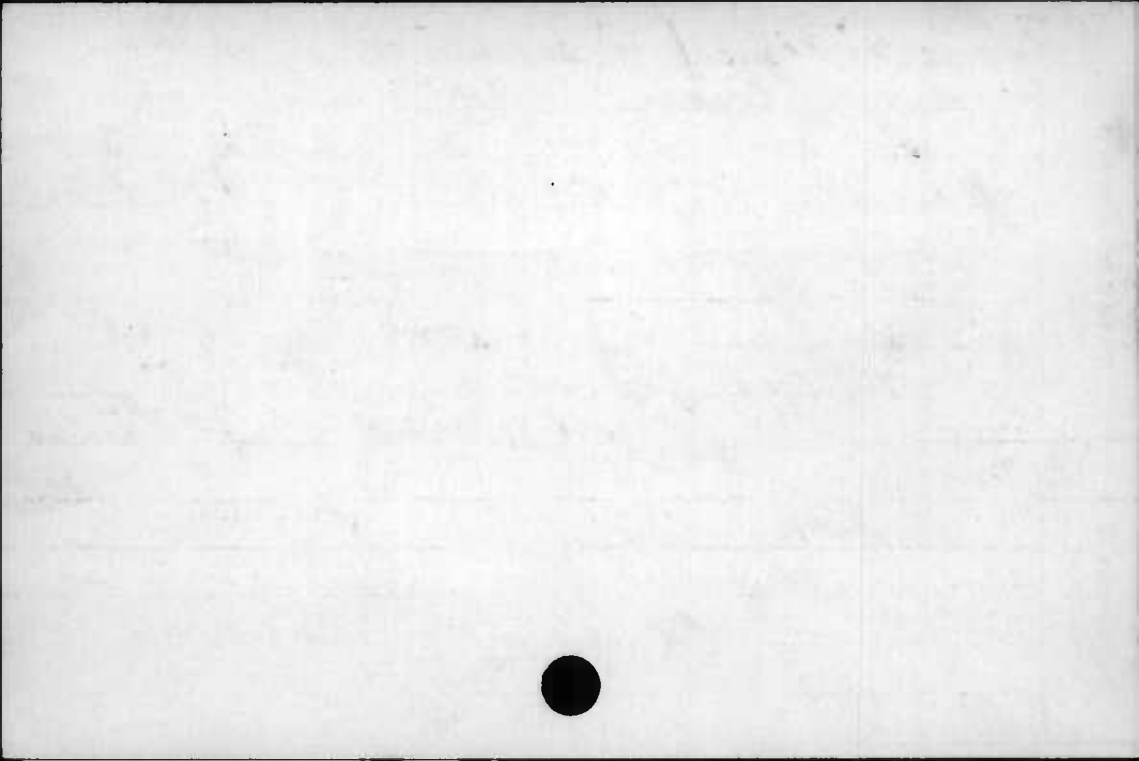
*few minutes*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*M. P. Miller*

Address

*Maywood Md*

Accident or Suicide?

*no*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Leah Irene Bussard</u>		Town <u>Hagerstown</u>		County <u>Wash.</u>		MARYLAND	
Died at <u>Hagerstown</u>		Month <u>2</u>		Day <u>1</u>		Age <u>1</u>	
Date of death <u>1906</u>		Years <u>1</u>		Months <u>1</u>		Days <u>1</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Md.</u>			
Occupation <u></u>		Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u></u>					
Father's Name <u>Benj. J. Bussard</u>		Father's Birthplace <u>Md.</u>					
Mother's Maiden Name <u>Flora Shafer</u>		Mother's Birthplace <u>"</u>					
Name of person giving information <u>Benj. Bussard</u>		How related to deceased <u>father</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Toxic Gastritis</u>	How long <u>Five days</u>
Immediate <u>Toxaemia</u>	How long <u>One day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Daniel C. Crutkins</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide?	





Name

in  
Full

## CERTIFICATE OF DEATH

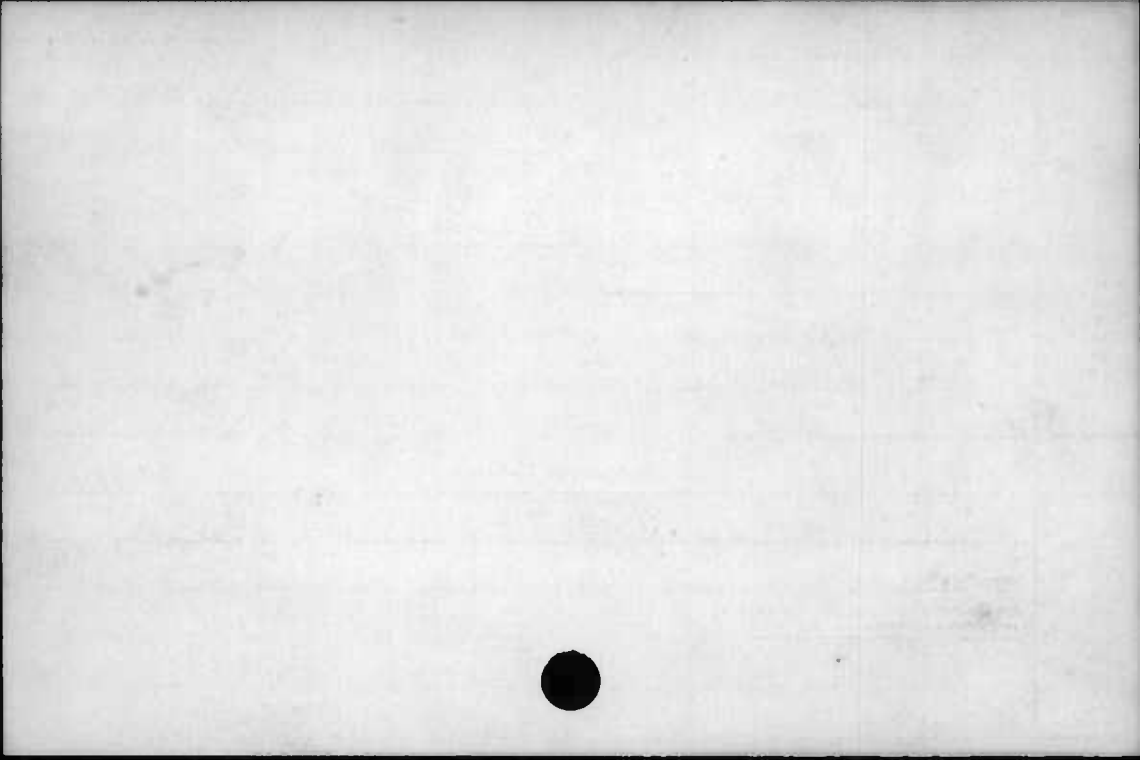
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1906	Month	2	Day	9	Age	2
Sex	Female		Color or Race	White		Birth-place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	(93)
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

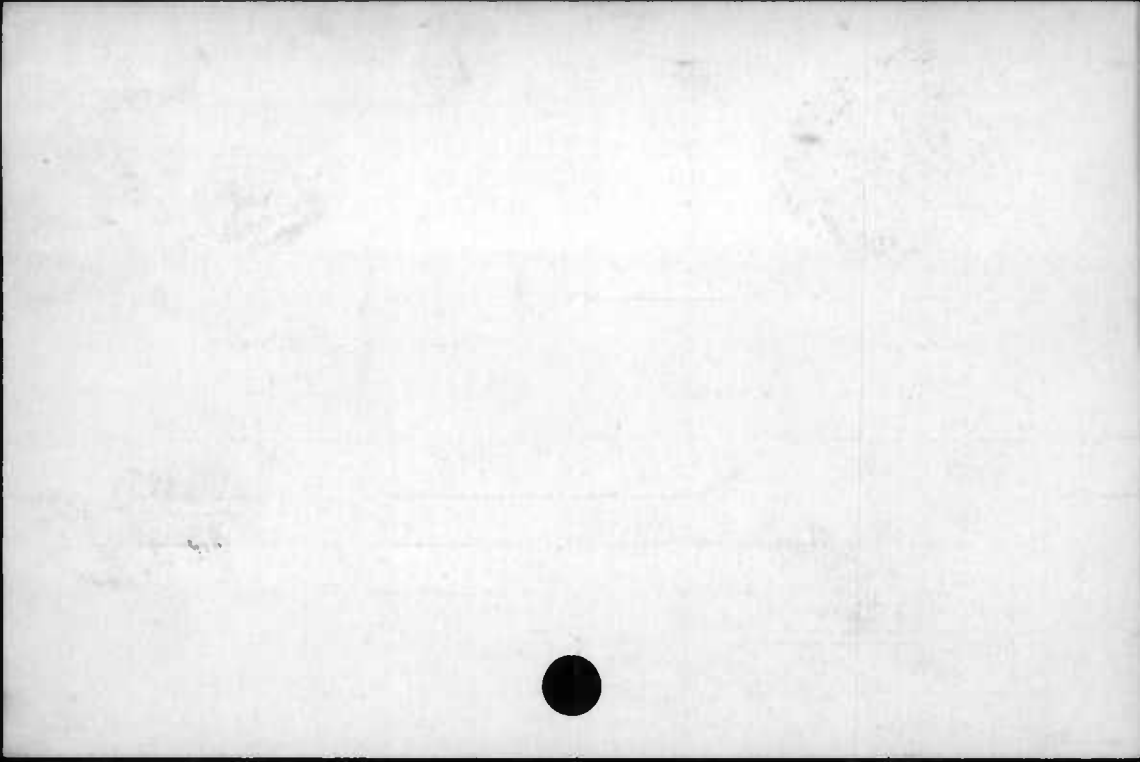
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James C Cook</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>22</i>		Day <i>24</i>	
Date of death <i>1906</i>		Age <i>28</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Machinist</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Florence White</i>			
Father's Name <i>Geo J Cook</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Susan Miller</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Virgil P Cook</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 1/2 years</i>
Immediate <i>Tuberculosis</i>	How long <i>2 1/2 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas B. Smith M.D.</i>
	Address <i>Chas B. Smith M.D.</i>
Accident or Suicide?	



Name  
in  
Full

Amanda S Cox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Maplesville*

County

*Wash*

Date

Month

Day

Years

Months

Days

of death

*1906**Feb**28*

Age

*46*

Sex

*Female*Color or  
Race*White*Birth-  
place*Wash. Co*

Occupation

*Housewife*Where Residing if not  
at place of death~~Married~~ Single  
~~or Widowed~~*Single*Name of Wife or  
HusbandFather's  
Name*Henry Cox*Father's  
Birthplace*Wash Co*Mother's  
Maiden Name*Susan Hoover*Mother's  
Birthplace*Wash ..*Name of person giving  
In formation*James Lowery*How related  
to deceased*Uncle*

## CAUSES OF DEATH

Primary

*Valvular disease of heart*

How long

Immediate

*General debility*

How long

*4 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E J Smith*

Address

*Brownboro**Vind*

Accident or Suicide?



Name  
in  
Full

Jacob Creager

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Leitersburg* <sup>County</sup> *Washington* **MARYLAND**

Date of death *1906* <sup>Month</sup> *Feb.* <sup>Day</sup> *5* <sup>Age</sup> *77* <sup>Years</sup> *3* <sup>Months</sup> *28* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Miller* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Creager*

Father's Name *Samuel Creager* Father's Birthplace

Mother's Maiden Name *Sallie Wagoner* Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Ulcers of legs* *142* How long *Three years*

Immediate *Gangrene* How long *Three weeks*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. H. Wishard*

Address *Leitersburg, Md.*

Accident or Suicide? ☐





Name  
in  
Full

Mrs Rachel M. Dick

## CERTIFICATE OF DEATH

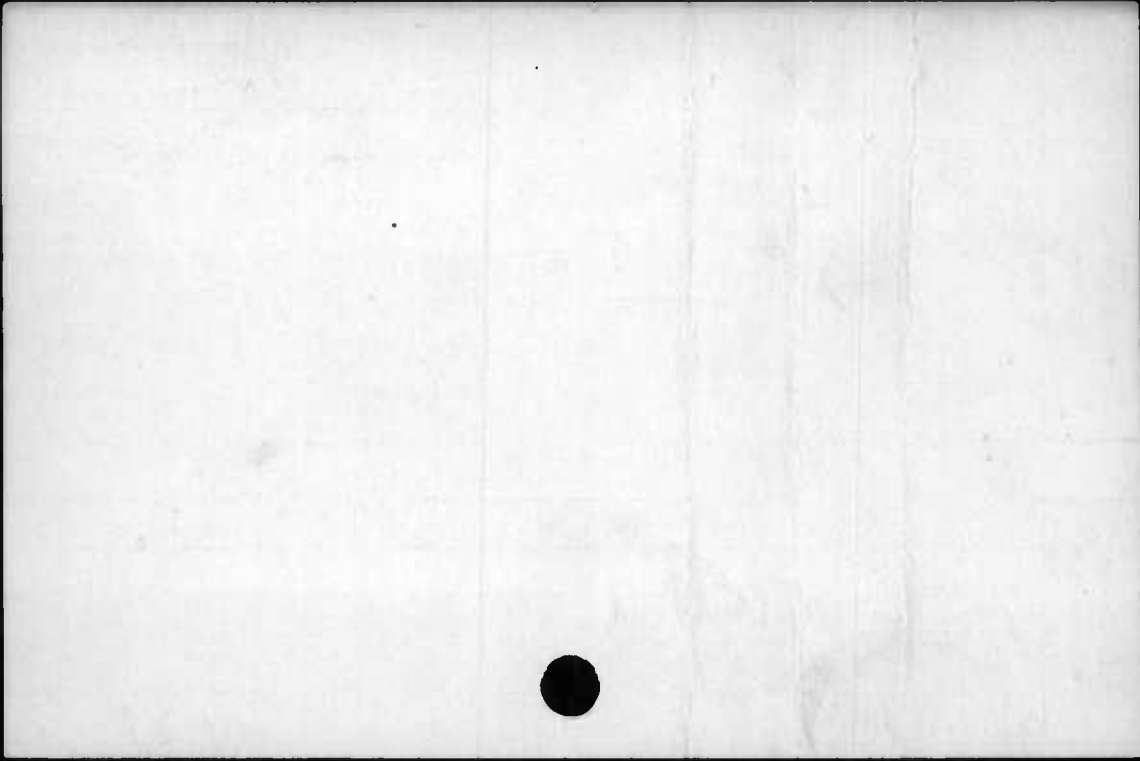
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Big Pool</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>9</i>		Age <i>76</i> <sup>Years</sup>		<i>6</i> <sup>Months</sup> <i>6</i> <sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Big Pool</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Dick</i>				
Father's Name <i>Tom Rline</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name	Mother's Birthplace <i>11</i>				
Name of person giving information <i>Mrs E. B. Rineell</i>				How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of old age, Anasarca</i>	How long <i>4 months</i>
Immediate <i>Heart Failure (Gradual)</i>	How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Perry</i>
	Address <i>Clearspring Md</i>
Accident or Suicide?	



Name  
in  
Full

Edward W. Darsley

## CERTIFICATE OF DEATH

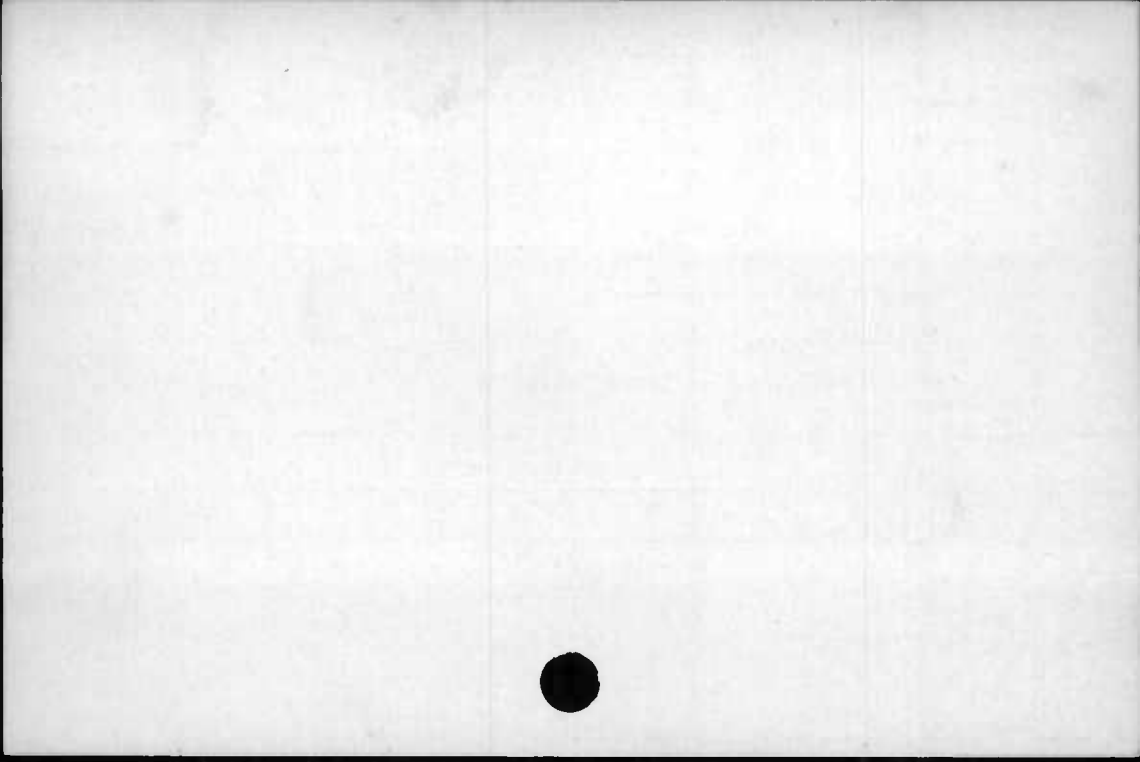
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dowusville		County Washington		MARYLAND	
Date of death		1906	Month July	Day 17	Age Years 85	Months 10	Days 27
Sex Male		Color or Race white		Birth- place Williamsport			
Occupation Retired Farmer				Where Residing If not at place of death			
Married, Single or Widowed		Widower		Name of Wife or Husband		Mary Graves	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Catarhal Pneumonia	How long	5 days
Immediate	Severe exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		V. M. Reichard	
Address		Fairplay,	
Accident or Suicide?			



Name  
in  
Full

George W Dorsey

## CERTIFICATE OF DEATH

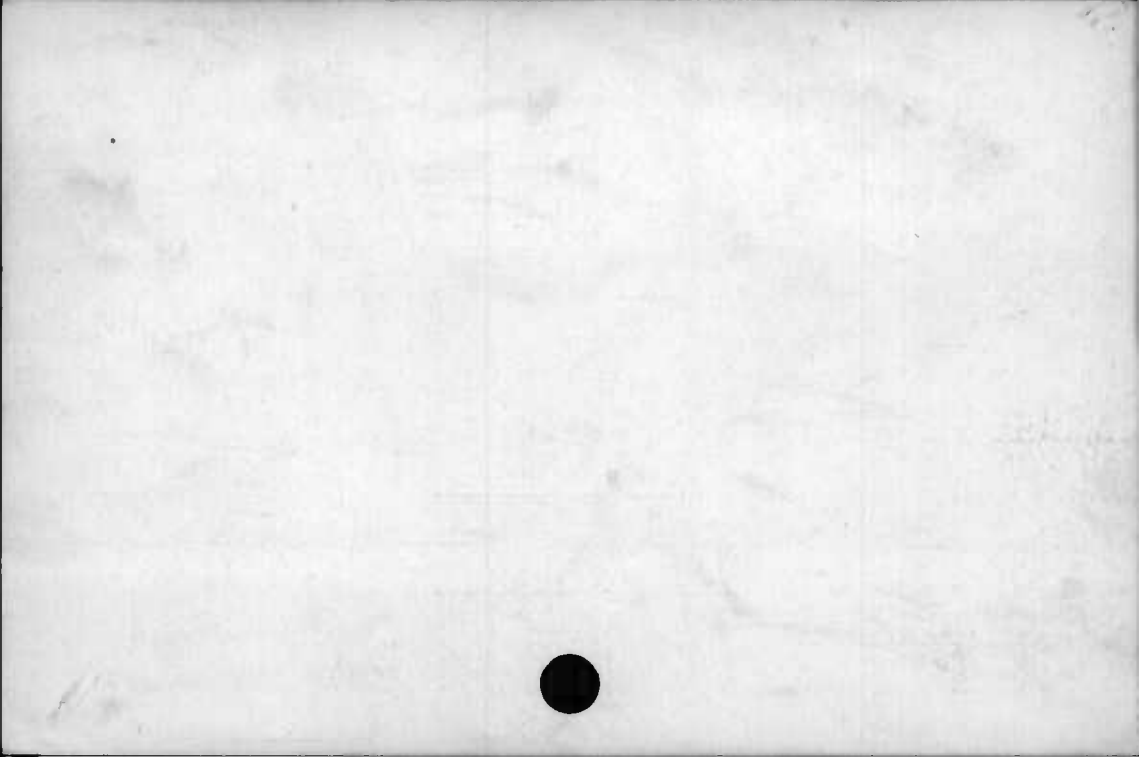
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1906	Month 2	Day 19	Age 7	Years 10
Sex	Male	Color or Race	Colored	Birth-place	Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Richard Banks		
Mother's Maiden Name			Leyisa Dorsey		
Name of person giving information			Leyisa Dorsey		
Father's Birthplace			Na		
Mother's Birthplace			Na		
How related to deceased			Mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scald	How long	11 days
Immediate	Acute Nephritis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. M. McQueen	
Address		Hagerstown, Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

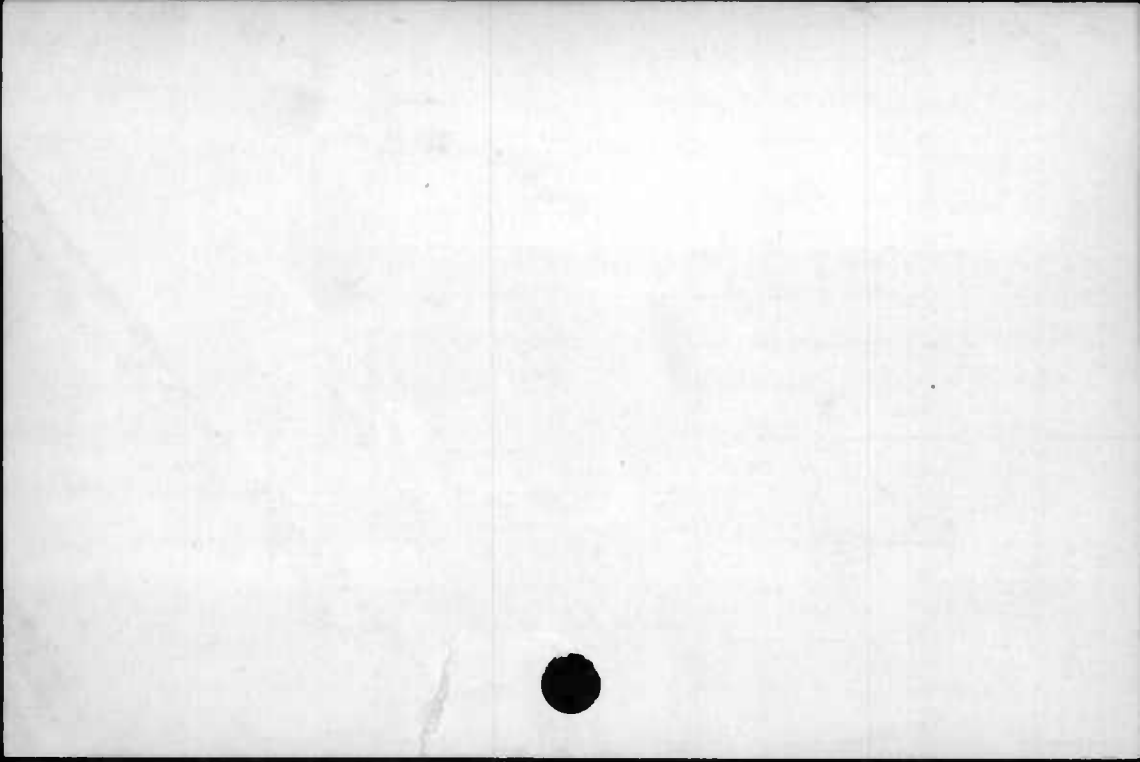
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ruth Malinda Easterday</i>		Town <i>Tilghmanton</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Tilghmanton</i>		Month <i>Feb</i>		Day <i>11</i>		Years <i>17</i>	
Date of death <i>1906</i>		Age <i>17</i>		Months <i>4</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tilghmanton</i>			
Occupation		Where Residing if not at place of death <i>Tilghmanton</i>					
Married, Single or Widowed <i>David</i>		Name of Wife or Husband					
Father's Name <i>David Easterday</i>		Father's Birthplace <i>Boonsboro</i>					
Mother's Maiden Name <i>Margaret E. Graft</i>		Mother's Birthplace <i>St. James</i>					
Name of person giving information <i>David Easterday</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>capillary bronchitis</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Reichard</i>
	Address <i>W. M. Fairplay</i>
Accident or Suicide?	





Name  
in  
Full

Sarah C. Eavey

## CERTIFICATE OF DEATH

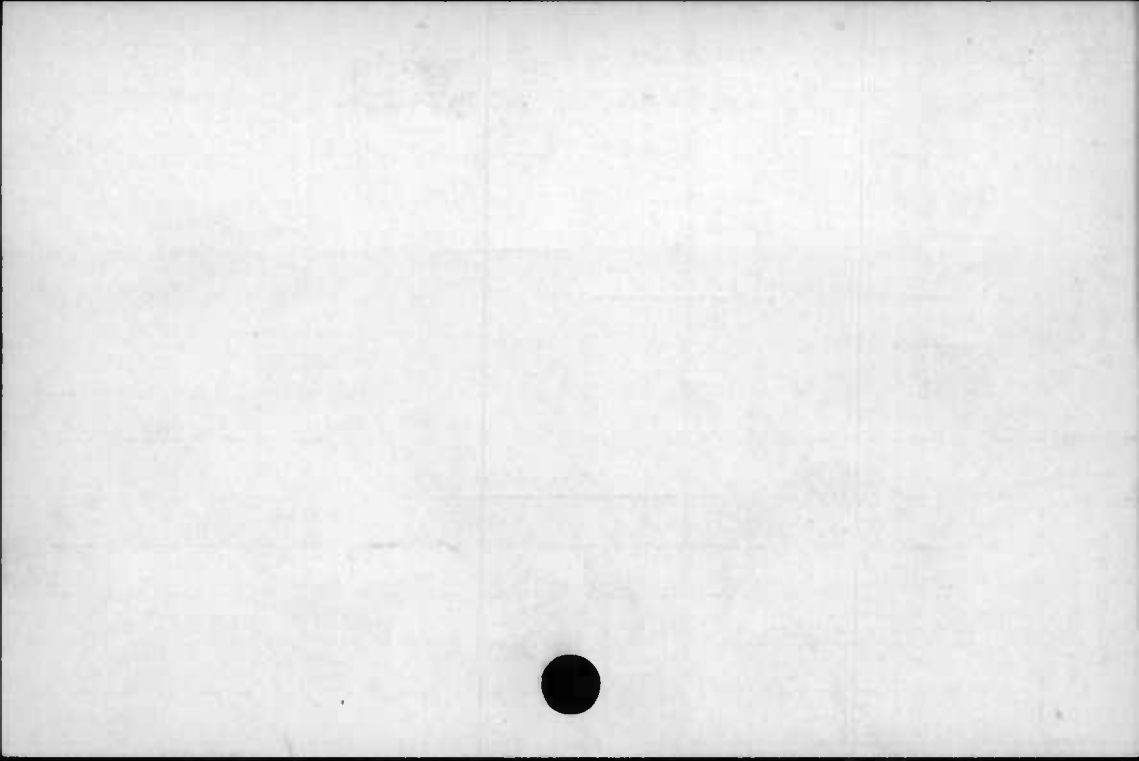
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keystown</i>		County <i>Washington</i>		MARYLAND	
Date of death	Month <i>6</i>	Day <i>21</i>	Age <i>73</i>	Months <i>3</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>H.W.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of <del>Wife</del> or Husband <i>Henry S Eavey</i>				
Father's Name <i>Joshua Koffman</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Margaret Krotzer</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs E. M. Widgref</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Marshall</i>
	Address
Accident or Suicide?	



Name  
in  
Full

Frederick O. Edwards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bagertown</i> <small>Town</small>		<i>Wash.</i> <small>County</small>		MARYLAND								
Date of death	1906	Month	2	Day	22	Age	20	Years	9	Months	24	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>md.</i>					
Occupation	<i>X</i>		Where Residing if not at place of death		<i>X</i>							
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband		<i>X</i>							
Father's Name	<i>Benj. Edwards</i>					Father's Birthplace	<i>md</i>					
Mother's Maiden Name	<i>Sarah Peet</i>					Mother's Birthplace	<i>"</i>					
Name of person giving information	<i>Benj. Edwards</i>					How related to deceased	<i>father.</i>					

## CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>27</i>
Immediate	<i>Exhaustion</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

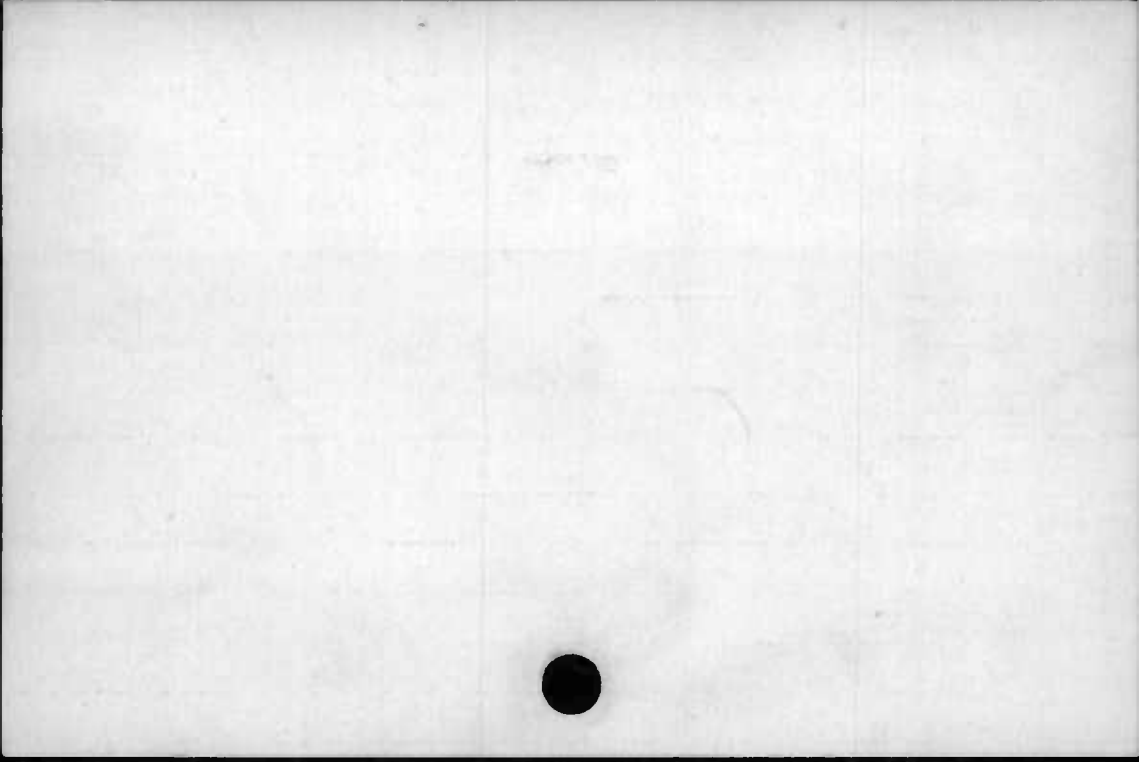
*yes*

Signature of Physician

Address

*W B Morrison,*  
*Bagertown,*  
*md.*

Accident or Suicide?



Name  
in  
Full

Lillie Hord

## CERTIFICATE OF DEATH

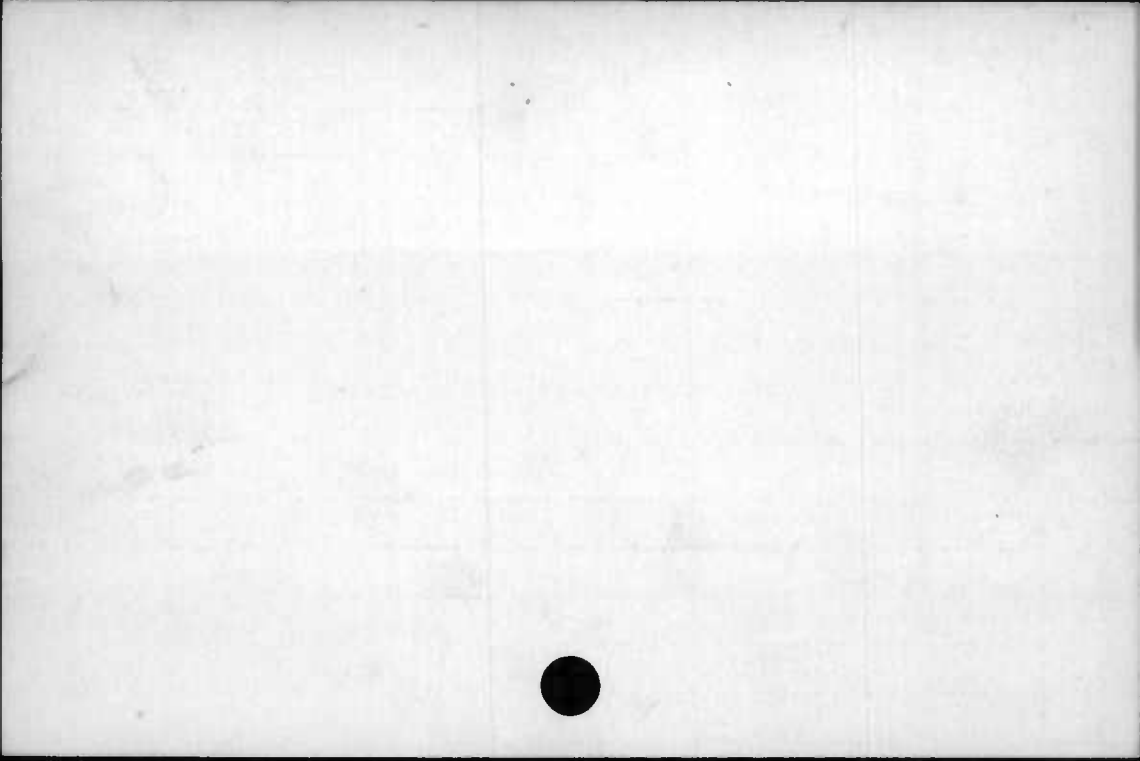
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayestown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1906	Month	2	Day	28
Sex <i>Female</i>		Color or Race <i>Colored</i>		Age	Years <i>2</i> Months <i>2</i> Days <i>—</i>
Occupation <i>Child</i>		Where Residing if not at place of death <i>md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Hord</i>		Father's Birthplace <i>N Carolina</i>			
Mother's Maiden Name <i>Annie Grigsby</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Annie Hord</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Hoffman</i>
	Address <i>Hayestown md</i>
	<i>Undertaker</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

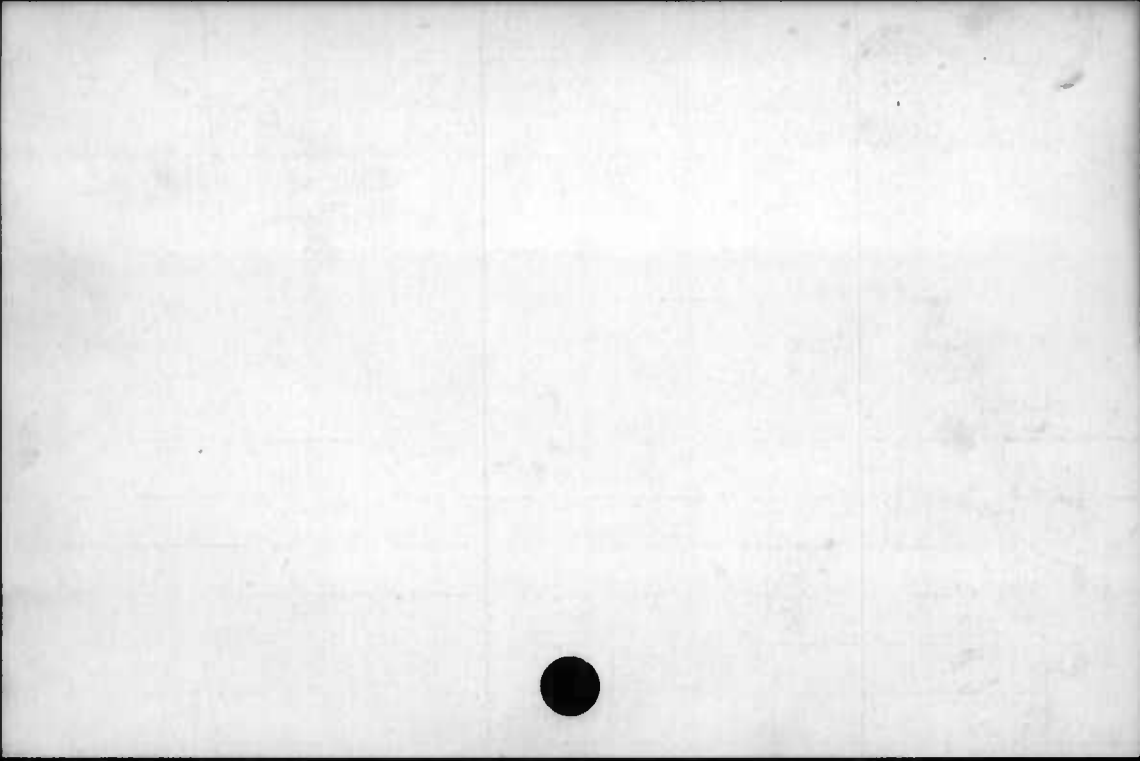
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Miss Louisa Galloway</i>		Town <i>Hagerstown</i>		County		MARYLAND	
Died at		Month <i>2</i>		Day <i>28</i>		Years <i>48</i>	
Date of death <i>1906</i>		Age <i>48</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Ind</i>			
Occupation <i>House Work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Ragye Galloway</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Sarah Cole</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Samuel Galloway</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

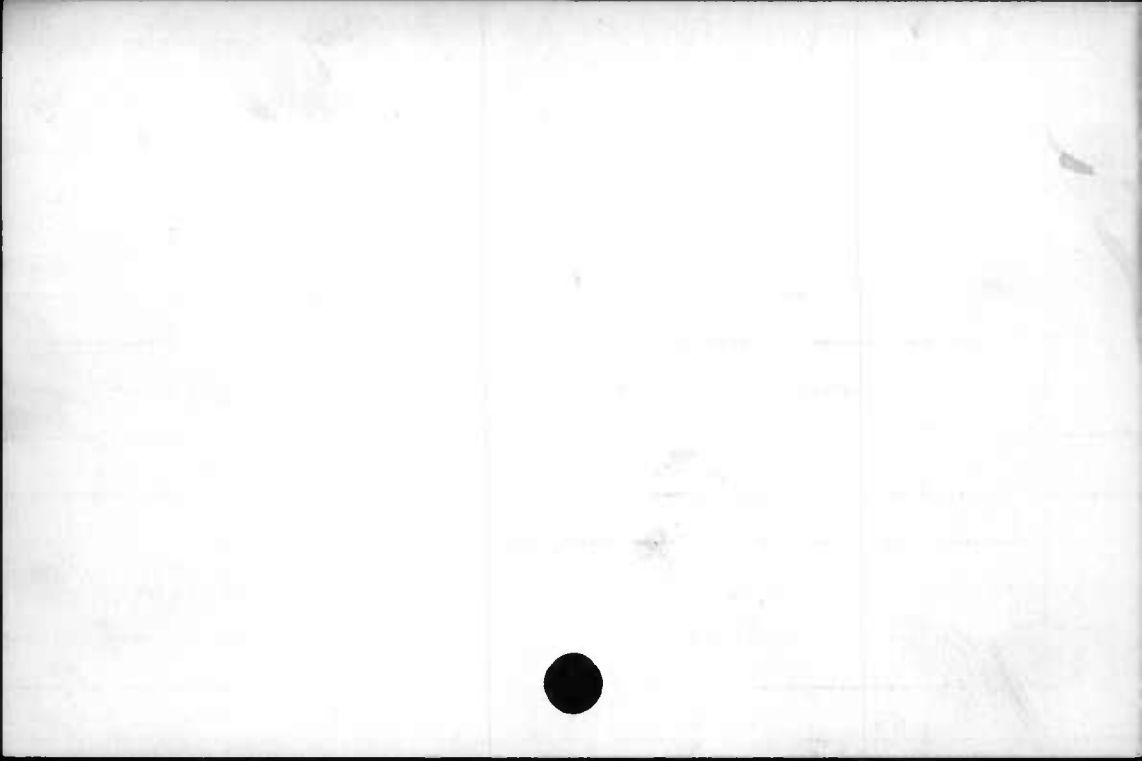
PHYSICIAN  
OR CORONER

Primary <i>Insalivation</i>		How long <i>3 weeks</i>	
Immediate <i>Acute Exudative Nephritis</i>		How long <i>one week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. M. Nagaman</i>	
Address <i>Hagerstown, Md.</i>			
Accident or Suicide? <i>No.</i>			





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Braver Creek</i> <small>Town</small>		<i>Washington</i> <small>County</small>	
		Date of death <i>1906 February 11</i>		Age <i>90</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Mechanic</i>		Where Residing If not at place of death	
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ann Rebecca Hensworth</i>	
Father's Name <i>David Gauntz</i>		Father's Birthplace <i>—</i>		Mother's Maiden Name <i>Eva Fahrney</i>	
Mother's Birthplace <i>—</i>		How related to deceased <i>Daughter</i>		Name of person giving Information <i>Mrs. Geo. Hailer</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">120</span>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Chronic Parenchymatous Nephritis</i>		How long <i>Years</i>	
		Immediate <i>Cardiac Failure</i>		How long <i>One day</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Accident or Suicide? <i>No</i>		Address <i>Longview, Md.</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Brownsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND
	Date of death <u>1906</u>	<u>July</u> <small>Month</small>	<u>7</u> <small>Day</small>	<u>23</u> <small>Years</small>	<u>7</u> <small>Months</small> <u>14</u> <small>Days</small>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Leesburg Va</u>	
	Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at home</u>			
	Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George B Grim</u>			
	Father's Name <u>John H Moriarty</u>	Father's Birthplace <u>Linden Va</u>			
	Mother's Maiden Name <u>Sarah G Thompson</u>	Mother's Birthplace <u>Leesburg Va.</u>			
Name of person giving Information <u>George B Grim</u>		How related to deceased <u>Husband</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Phthisis Pulmonalis</u>		How long	<u>Seven months</u>
	Immediate	<u>Exhaustion</u>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Accident or Suicide?		No		
		Signature of Physician		<u>A L Blessing M D</u>	
		Address		<u>Brownsville</u>	

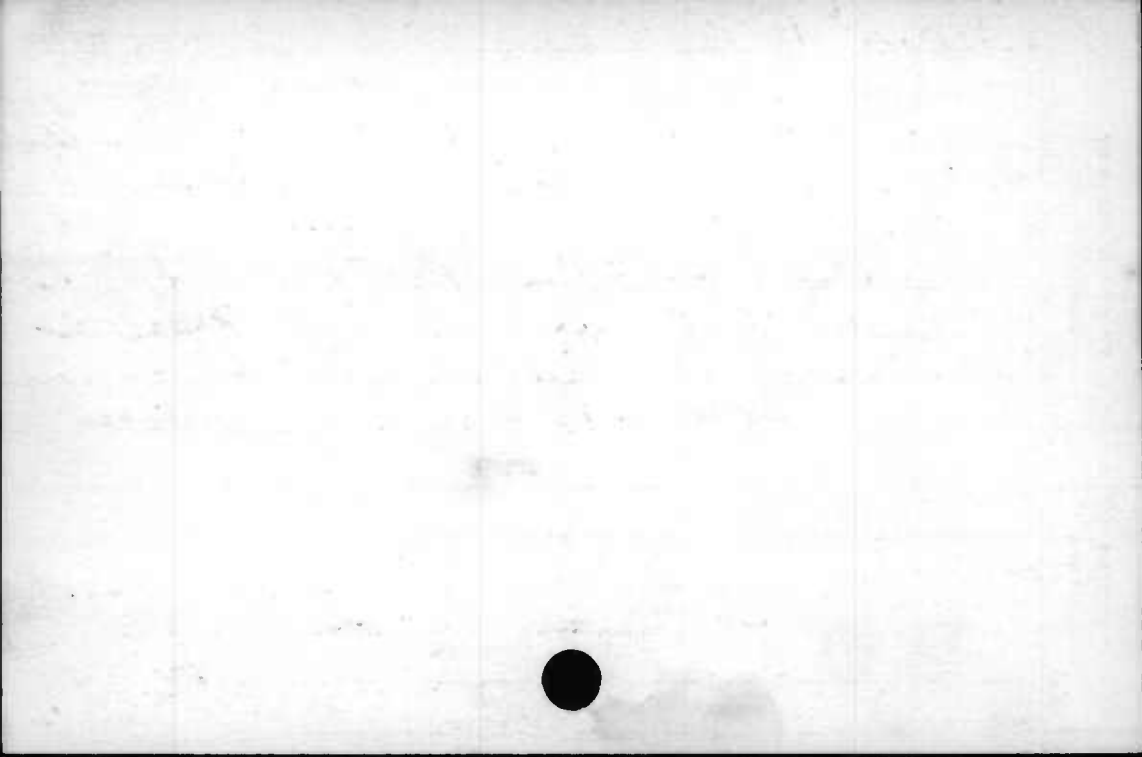
from

E. A. Brown

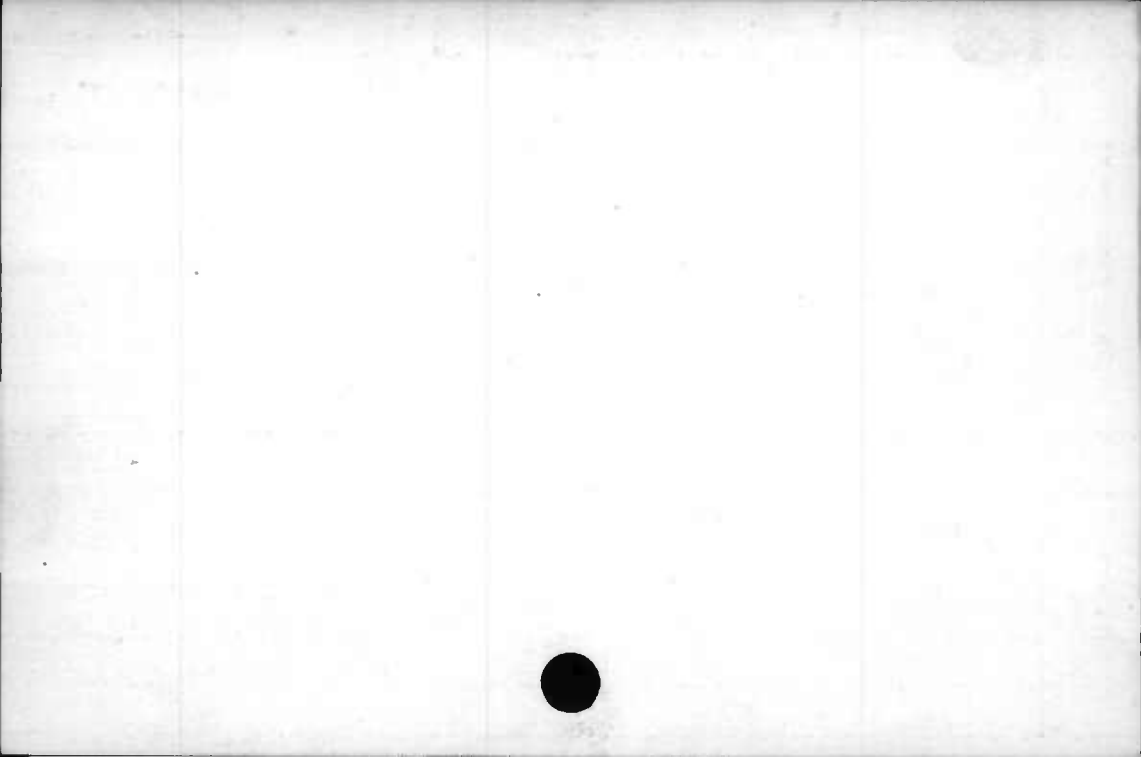
Sub. Reg.

Unit 8.

Name in Full		George P. Heekline				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore		County Wash.		MARYLAND
	Date of death	1906	Month Feb.	Day 17	Age 61	Years 61	Months 15
	Sex male		Color or Race white		Birthplace Ind.		Days 24
	Occupation Baker				Where Residing if not at place of death		
	Married, Single or Widowed married		Name of Wife or Husband Louisa Ann Heekline				
	Father's Name Geo. Heekline				Father's Birthplace France		
	Mother's Maiden Name Margaret Little				Mother's Birthplace Germany		
Name of person giving information Mrs G. P. Heekline				How related to deceased wife			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Tuberculosis				How long		
	Immediate Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician E. A. Marple		
					Address Baltimore		
Accident or Suicide?							



Name in Full		Orion P. Hendrickson				CERTIFICATE OF DEATH	
		Town		County		W. Va.	
Died at		Rifflon				MARYLAND	
Date of death		1906	Month 2	Day 7	Age 57	Months	Days
Sex		male		Color or Race		white	
Occupation		R.R. Engineer		Where Residing if not at place of death		Bema	
Married, Single or Widowed		widower		Name of Wife or Husband		Mrs. Nettie Hendrickson	
Father's Name		Clizer P. Hendrickson		Father's Birthplace		Bema	
Mother's Maiden Name		Sarah Ann Folk		Mother's Birthplace		"	
Name of person giving information		Otis Hendrickson		How related to deceased		son	
CAUSES OF DEATH							
Primary		R.R. Accident Crushed & Burnt				How long	
Immediate		R.R. Accident Crushed & Burnt				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. Suter & Son	
				Address		Hagerstown, Md.	
Accident or Suicide?							





Name  
in  
Full

CERTIFICATE OF DEATH

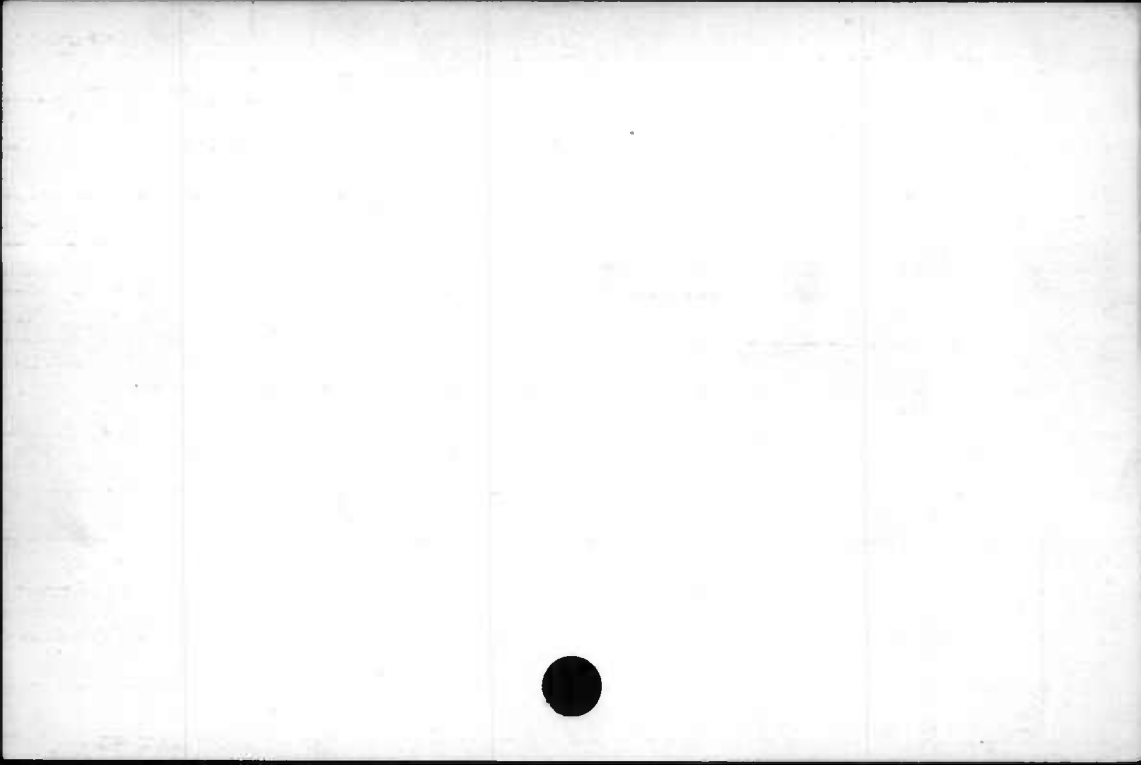
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles H. Hirsch</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Smithsburg</i>		Date of death <i>1906</i>		Age <i>85</i>		Months <i>4</i>	
Month <i>2</i>		Day <i>13</i>		Years <i>85</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Union Town Md</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Smithsburg</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Nancy Hirsch</i>					
Father's Name <i>Isaac Hirsch</i>		Father's Birthplace <i>Carroll County</i>					
Mother's Maiden Name <i>Hanna Lumbacher</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Nancy Hirsch</i>		How related to deceased <i>Wife</i>					

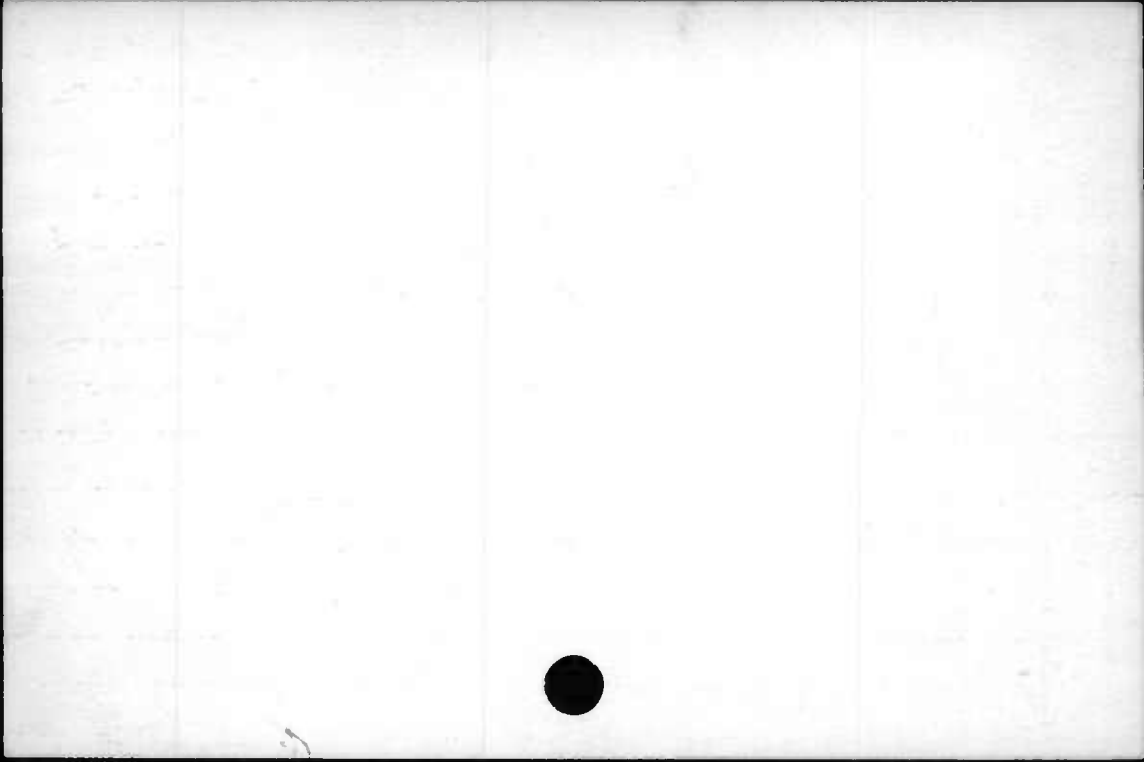
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>Several years</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jos. Potzman M.D.</i>
	Address <i>Smithsburg</i>
Accident or Suicide? <i>No</i>	



Name in Full		Ellen Mary West Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Clearspring	County Washington	MARYLAND		
		Date of death		Month 1906	Day 2	Years 8	Months 76	Days 18
		Sex		Female		Color or Race		white
		Occupation		Housewife		Birth-place		Frederick County
		Where Residing if not at place of death		Clearspring				
Married, Single or Widowed		Name of Wife or Husband		T. Belt Johnson				
Father's Name		Levin West		Father's Birthplace		Frederick Co.		
Mother's Maiden Name		Eliza West		Mother's Birthplace		Frederick Co.		
Name of person giving information		T. Belt Johnson		How related to deceased		Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Accident		How long		
		Immediate		Shock and heart failure		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		Abraham Shank		
						Clearspring		
		Accident or Suicide?		Washington Co.				



Name  
in  
Full

Robert Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Clear Spring		Washington		County	
Date of death	1906	Month	2	Day	14	Age	77
Sex	Male		Color or Race	White		Birthplace	Ind
Occupation	Retired Farmer		Where Residing if not at place of death		Ind		
Married, Single or Widowed	<del>Single</del>		Name of Wife or Husband	Louise Jacques			
Father's Name	Lobias Johnson				Father's Birthplace	Ind	
Mother's Maiden Name	Ruth Ineson				Mother's Birthplace	Ind	
Name of person giving information	Ruth Flood				How related to deceased	Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Parenchym. Nephritis	How long	7 weeks
Immediate	Pulmonary Edema	How long	2 days

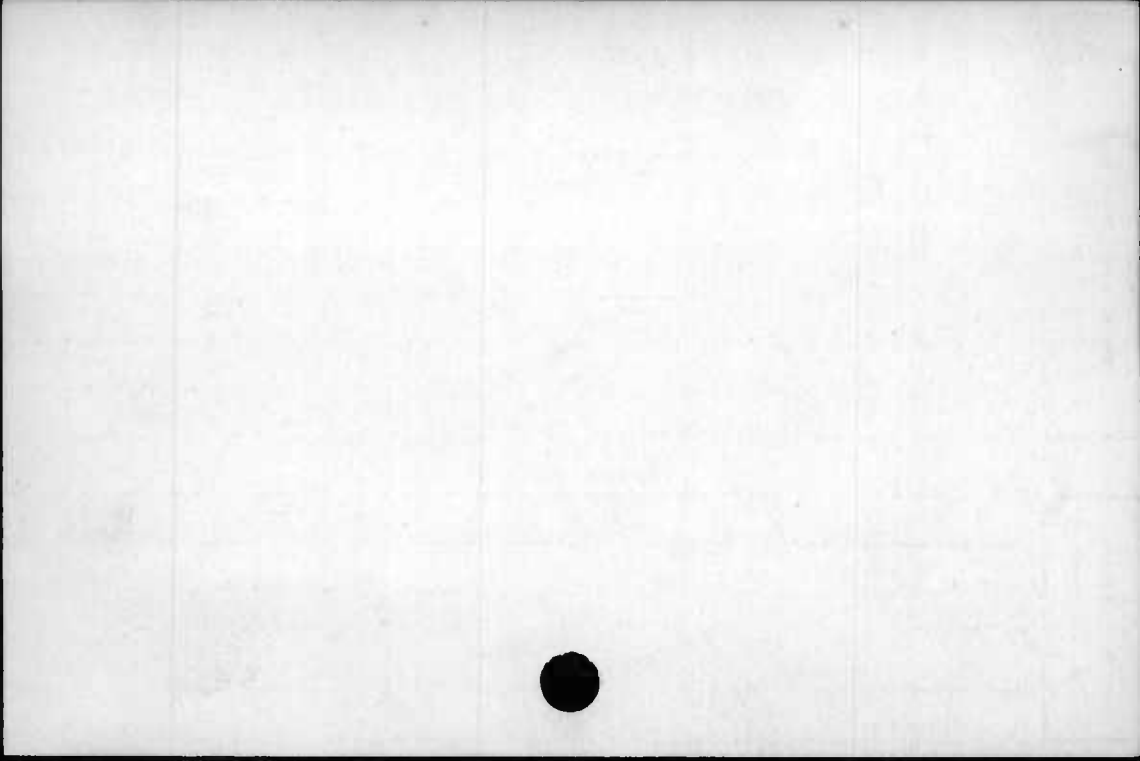
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>6</i>	Month	<i>2</i>	Day	<i>9</i>
Age	<i>93</i>	Years	<i>2</i>	Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>unknown</i>		Father's Birthplace <i>unknown</i>		
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace <i>unknown</i>		
Name of person giving information	<i>George E. Renner</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sandaly</i>	How long	<i>10 days</i>
Immediate	<i>Emphysema</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. M. McKeen</i>
		Address	<i>—</i>
Accident or Suicide?	<i>—</i>		





Name  
in  
Full

Joseph M. Levy -

No 284

## CERTIFICATE OF DEATH

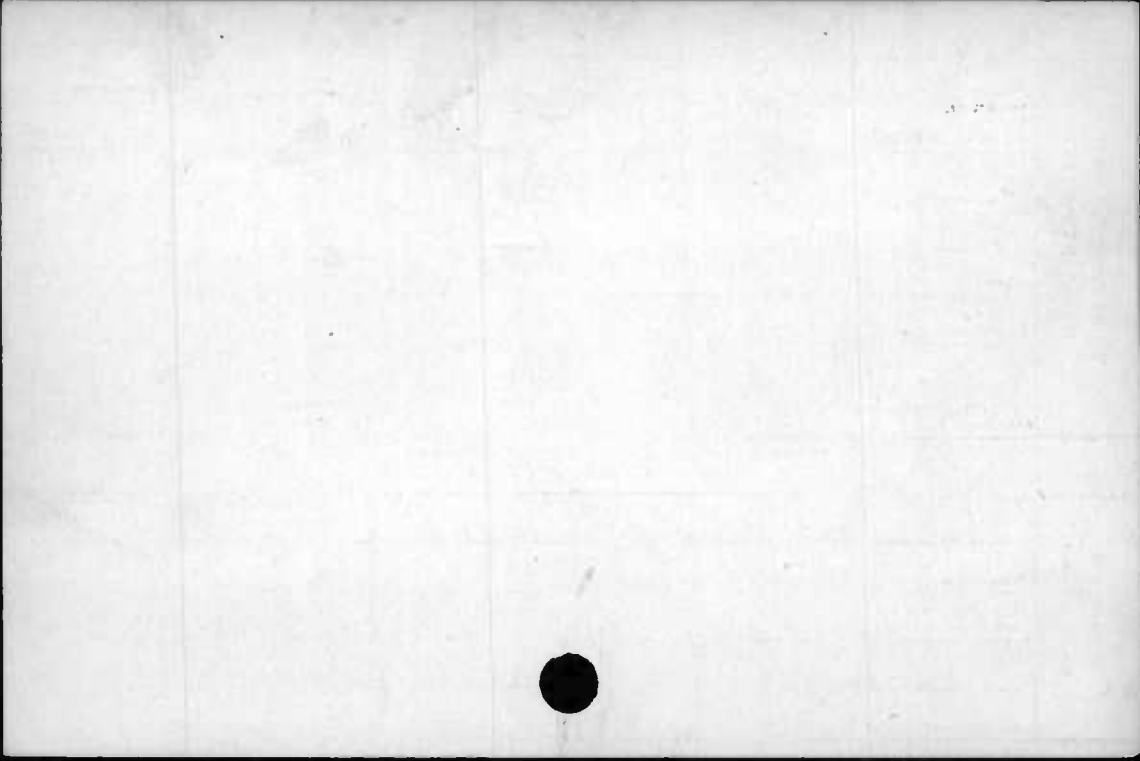
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamport		County Washington		MARYLAND	
Date of death	1906	Month Feb	Day 24	Age 1	Years 1	Months 1	Days 24
Sex	Male		Color or Race	Colored		Birth- place	Williamport
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Walter W. Levy -				Father's Birthplace	
Mother's Maiden Name		Effie May King				Mother's Birthplace	
Name of person giving information		Priscilla J. King				How related to deceased	
						Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchial Pneumonia	How long	Three days
Immediate	Prostration	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. S. Richardson	
Address		Williamport	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bedford</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>2</i> <sup>Day</sup> <i>2</i>		Age <i>—</i> <sup>Years</sup>		Months <i>—</i> Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>Wm Lister</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Minnie K. Kellie</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information		How related to deceased			

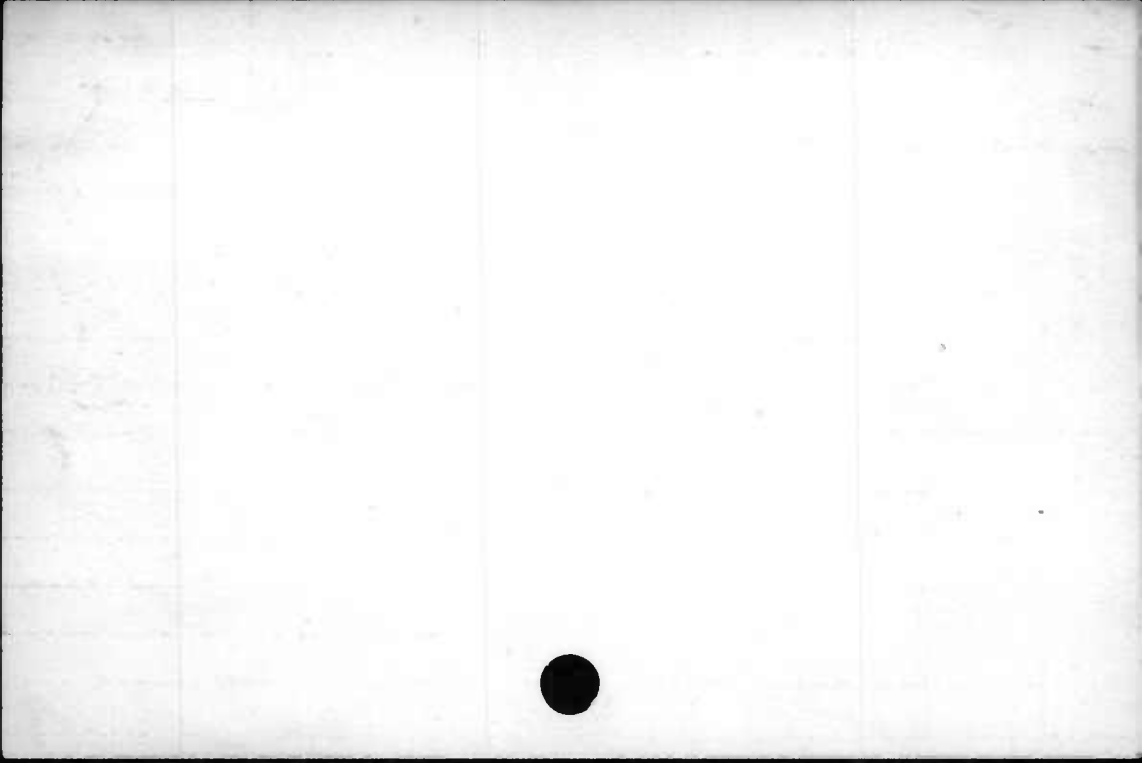
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Genl Debility</i>	<i>151</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. V. Watson</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?		

Burial in  
Middletown  
Frederick  
Co

Name in Full		Anna Elizabeth Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Seitersburg</i>		County <i>Washington</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>February</i>	Day <i>8th</i>	Years <i>27</i>	Months <i>9</i>	Days <i>27</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Seitersburg</i>		
		Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
		<del>Married</del> , Single		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Henry Martin</i>				Father's Birthplace <i>Seitersburg</i>	
		Mother's Maiden Name <i>Mary Ellen Webb</i>				Mother's Birthplace	
		Name of person giving information <i>Henry Martin</i>				How related to deceased <i>Father</i>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Bi-lateral Pleuritis with Catarrhal Pneumonia. Bile</i>				How long <i>Beginning Jan 16 '06</i>	
		Immediate <i>Pulmonary congestion Edema Cardiac insufficiency</i>				How long <i>10 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Robt. W. Wilson M.D.</i>			
				Address <i>Seitersburg, Md.</i>			
		Accident or Suicide? <i>Ind.</i>					



Name  
in  
Full

Barbara Martin

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> her home Washington County

MARYLAND

Date of death 1906 Month Feb Day 22 Age 77 Months 0 Days 23

Sex female Color or Race white Birth-place Lancaster Co Pa

Occupation Where Reading if not at place of death

Married, Single or Widowed married Name of ~~Wife~~ Husband Barbara Martin Abram Martin

Father's Name John Winger Father's Birthplace Lancaster Co Pa

Mother's Maiden Name Barbara Sennich Mother's Birthplace Lancaster Pa

Name of person giving information Abram Martin How related to deceased Husband

## CAUSES OF DEATH

Primary Apoplexy How long 2 days

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? 2/10

Signature of Physician D. C. Miller M.D.

Address Nicoret + Winton Pa.

Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Julia A. Martin

1283

## CERTIFICATE OF DEATH

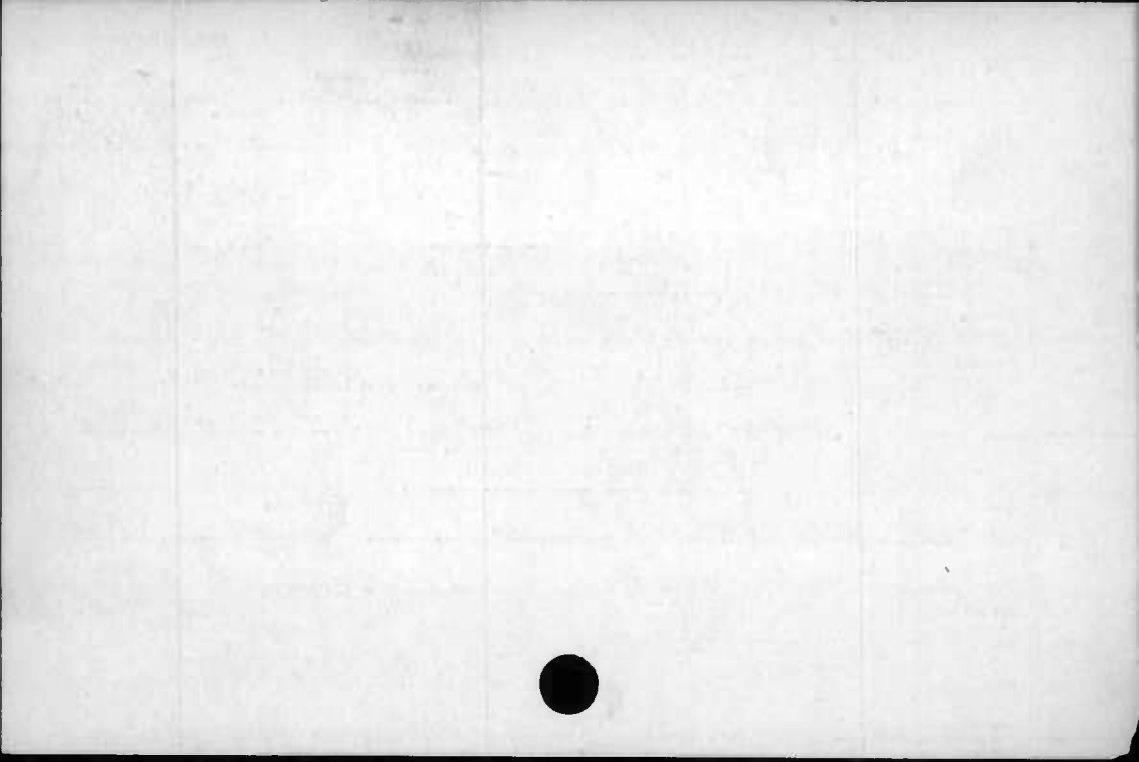
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Charlton Sta</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>70</i>	Years	Months <i>—</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Was Co Md</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>Henry Martin</i>	Father's Birthplace <i>Adams Co Pa</i>						
Mother's Maiden Name <i>Susana Welty</i>	Mother's Birthplace <i>Was - Co Md</i>						
Name of person giving information <i>Susana Gruber</i>	How related to deceased <i>Sister</i>						

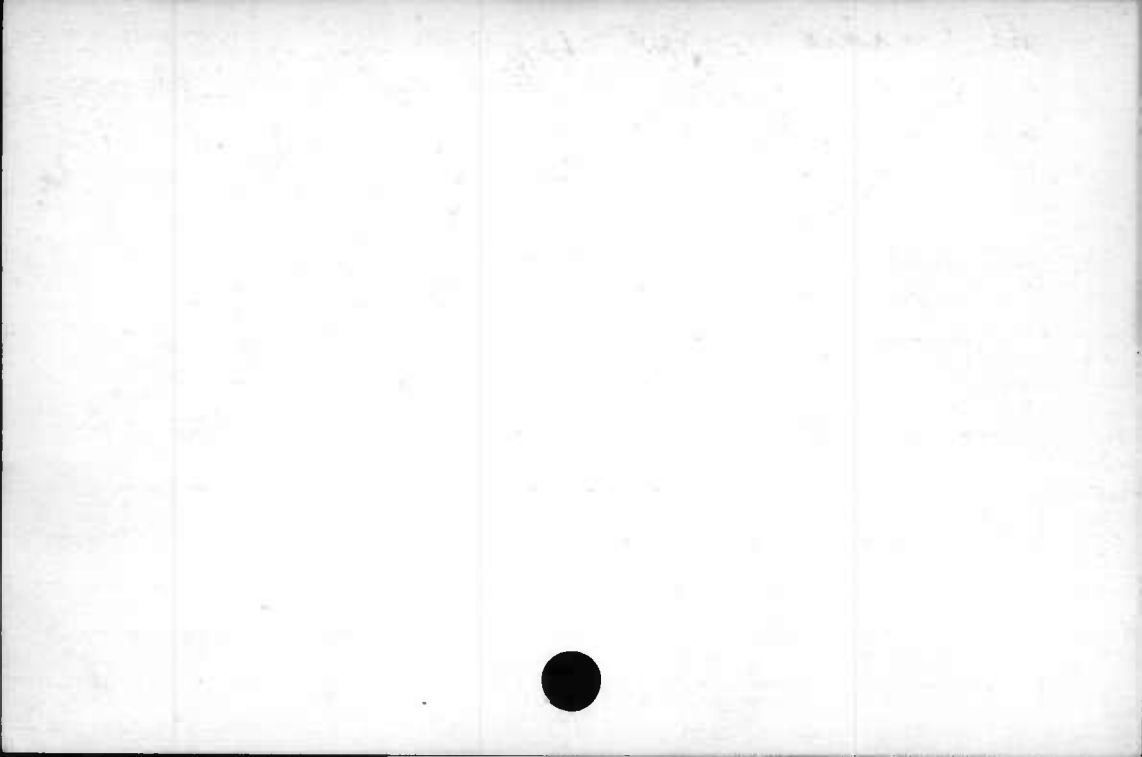
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>Three years</i>
Immediate <i>Prostration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Wilmington</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
William Fenton Norris		Town		County	
Died at Keedysville		Washington		MARYLAND	
Date of death		Month	Day	Years	Months Days
1906		2	8	33	6 1
Sex	Male	Color or Race	White	Birth-place	Keedysville
Occupation	Carpenter		Where Residing if not at place of death Leroy N Y		
Married, Single or Widowed	Single		Name of Wife or Husband Carrie Norris		
Father's Name	Thomas Norris			Father's Birthplace	Harper Ferry
Mother's Maiden Name	Mary A Lapolw			Mother's Birthplace	Barling MA
Name of person giving information	Mary A Norris			How related to deceased	Mother
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long
	Immediate	Exhaustion			How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address		
Accident or Suicide?		Keedysville MA			



Name  
in  
Full

Hebbie Elizabeth Pailco

CERTIFICATE OF DEATH

Died at		Heagistown		County		Washington		MARYLAND	
Date of death 190		6	Feb	5th	Age	33	Months	Days	
Sex		Female		Color or Race		White		Birth-place	
Married, Single or Widowed		Unmarried		Occupation		Dressmaker			
Name of Wife or Husband		Frank D. Pailco							
Father's Name		Eliot B. Davison					Father's Birthplace		
Mother's Maiden Name		Virginia McLean					Mother's Birthplace		
Name of person giving information		Archie Davison					How related to deceased		
							Brother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholera this result of gall stones		How long	Several days
	Immediate	Heart failed		How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				Address	
Accident or Suicide?		No		Heagistown, Md.	

A. K. Coffman —  
Undertaker

Name  
in  
Full

Samuel Penner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Indian Spring* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death **1906** <sup>Month</sup> *Feb* <sup>Day</sup> *9* <sup>Years</sup> *66* <sup>Months</sup> *5* <sup>Days</sup> *28*

Sex *Male* Color or Race *White* Birth-place \_\_\_\_\_

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Louise Miller*

Father's Name *William Pennel* Father's Birthplace *Ind*

Mother's Maiden Name *Maggie Flora* Mother's Birthplace *"*

Name of person giving information *Mrs Pennel* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Chronic Nephritis* <sup>How long</sup> *Five years*

Immediate *General debility & heart failure* <sup>How long</sup> *Two months*

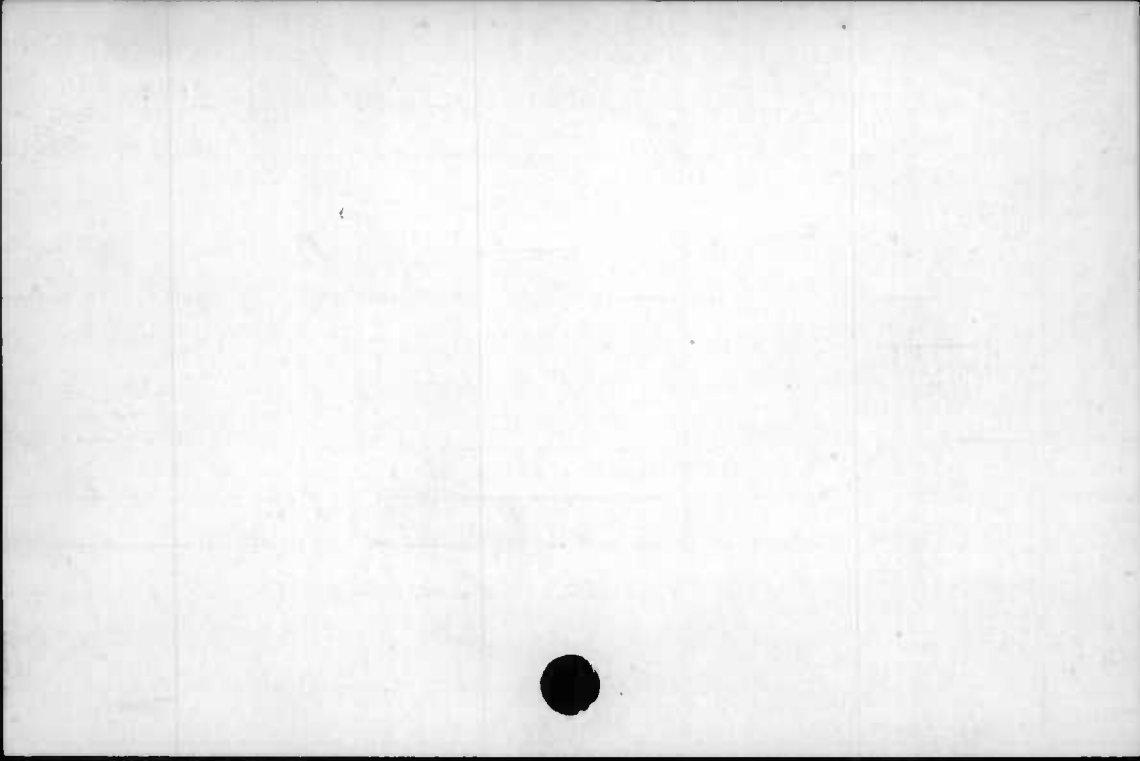
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Abraham Shank*

Address *Clearspring Washington Co.*

Accident or Suicide? *2*

PHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carlisle</i> <sup>Town</sup>		<i>Cumberland</i> <sup>Court</sup>		<i>Penna</i> <u>MARYLAND</u>	
Date of death	1906	Month	2	Day	25
Age	33	Months	9	Days	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Pa</i>
Occupation	<i>R. R. Brakeman</i>	Where Residing if not at place of death	<i>Hagerstown Md.</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Daisy Railing</i>		
Father's Name	<i>Charles M Railing</i>	Father's Birthplace	<i>Pa.</i>		
Mother's Maiden Name	<i>Margaret Staver</i>	Mother's Birthplace	<i>"</i>		
Name of person giving information	<i>Margaret Railing</i>	How related to deceased	<i>mother</i>		

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

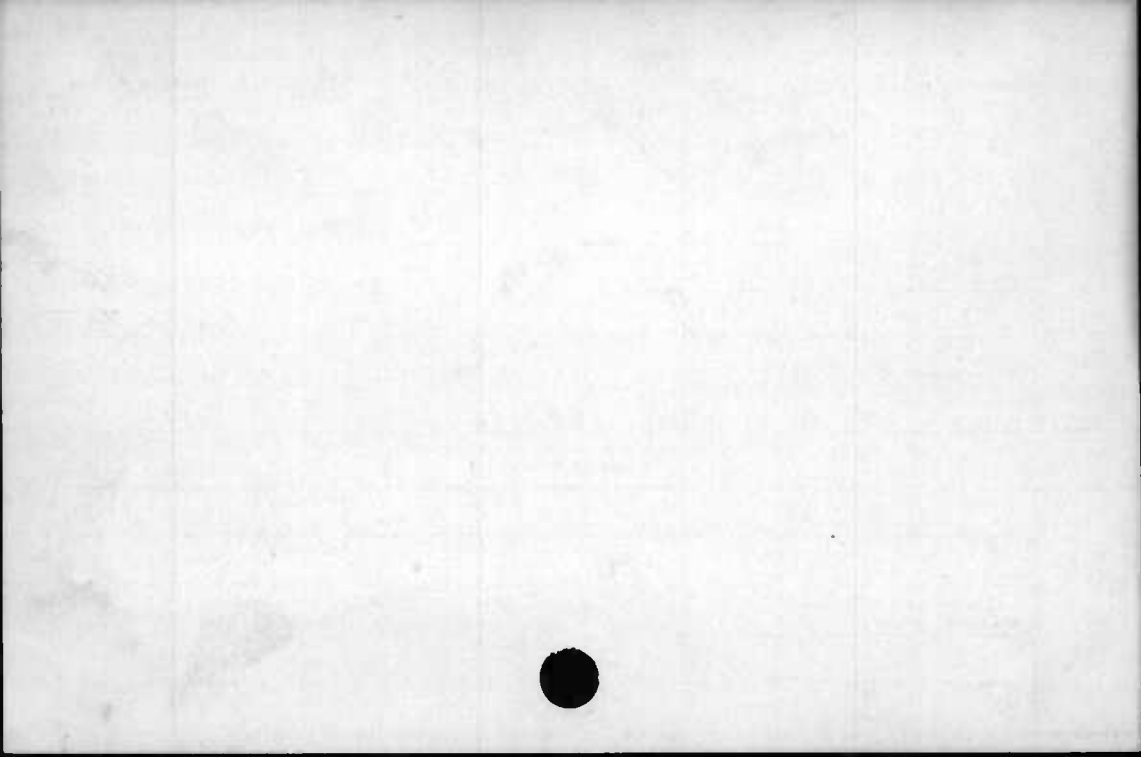
Address

*Wm Suter Houn,*  
*Hagerstown,*  
*Md.*

Accident or Suicide?

Chambersburg Pa.

Name in Full		No 282		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Kemp</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
	Date of death	<i>1906</i>	Month	<i>Feb</i>	Day	<i>14</i>	Age	<i>4-7</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>State Pa</i>		Months <i>—</i> Days <i>—</i>	
	Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Elizabeth Jossard</i>					
	Father's Name <i>George Rhodes</i>				Father's Birthplace <i>Lancaster Pa</i>			
	Mother's Maiden Name <i>Anna Valentine</i>				Mother's Birthplace <i>Greencastle</i>			
Name of person giving information <i>J. B. Clinton Rhodes</i>				How related to deceased <i>Son.</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Epileptic Convulsions</i> <b>(69)</b>				How long			
	<i>&amp; heart</i>				How long			
	Immediate <i>Exhaustion</i>							
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. M. Hart</i>			
				Address <i>Williamport</i>				
Accident or Suicide?				<i>Ind</i>				



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Unlabeled Still Birth ~~Infant~~ ~~10/10/1906~~ CERTIFICATE OF DEATH

Died at *Bay Town, Beers Creek* *Washington Co* **MARYLAND**

Date of death *1906* Month *July* Day *5<sup>th</sup>* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Bay Town*

Occupation *—* Where Residing if not at place of death *Bay Town*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *May May Rudy* Mother's Birthplace *Baytown*

Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Still Birth* How long *—*

Immediate *—* How long *—*

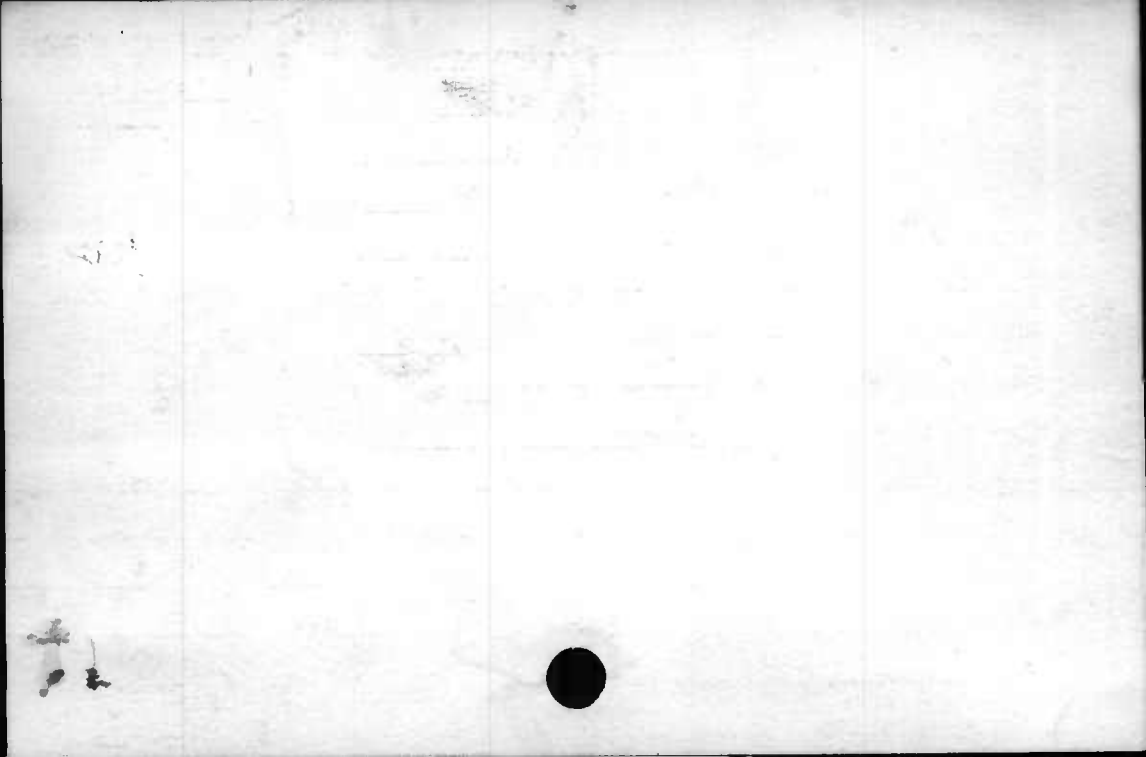
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Wm. Quinn M.D.*  
*Chesapeake Md.*



Name  
in  
Full

Anna Cora Seigman <sup>2/21/1906</sup> CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> **MARYLAND**

Date of death 1906 <sup>Month</sup> 2 <sup>Day</sup> 12 <sup>Years</sup> 44 <sup>Months</sup> 0 <sup>Days</sup> 0

Sex Female Color or Race White Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Thomas Seigman Father's Birthplace Pa

Mother's Maiden Name Anna Benner Mother's Birthplace Pa

Name of person giving information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

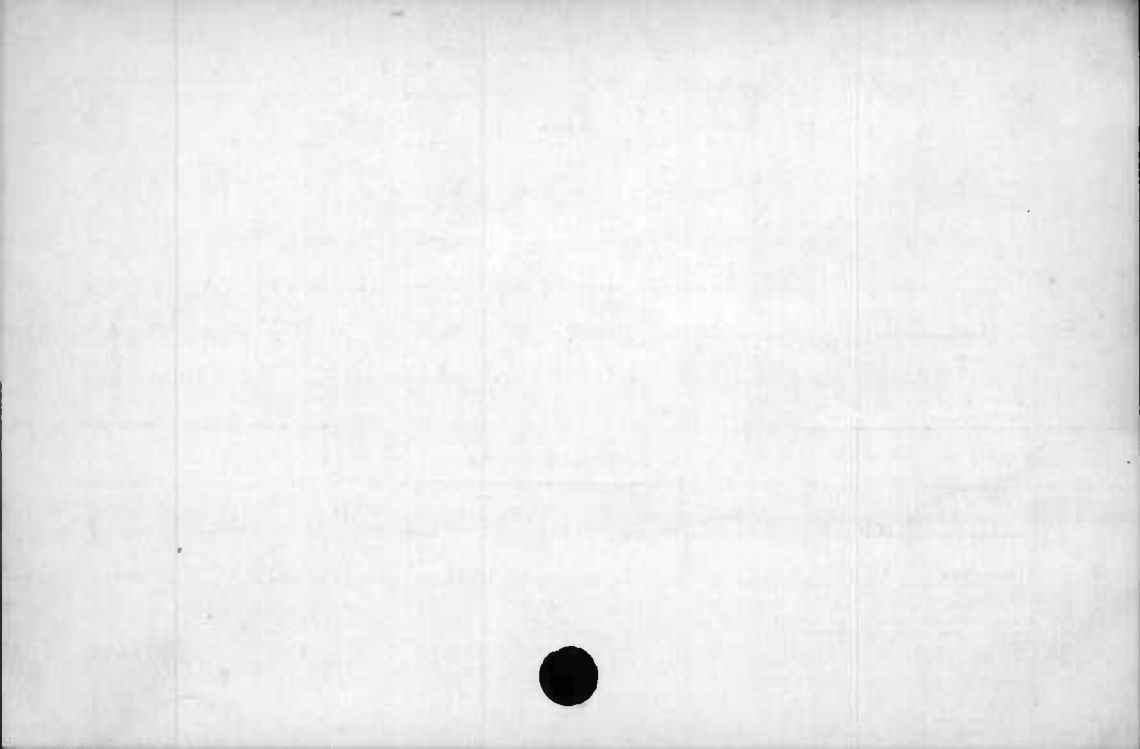
Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

179

L. M. Watkins  
Undersecretary  
Surgeon General  
Hagerstown Md





Name  
in  
Full

George Washington Smith

## CERTIFICATE OF DEATH

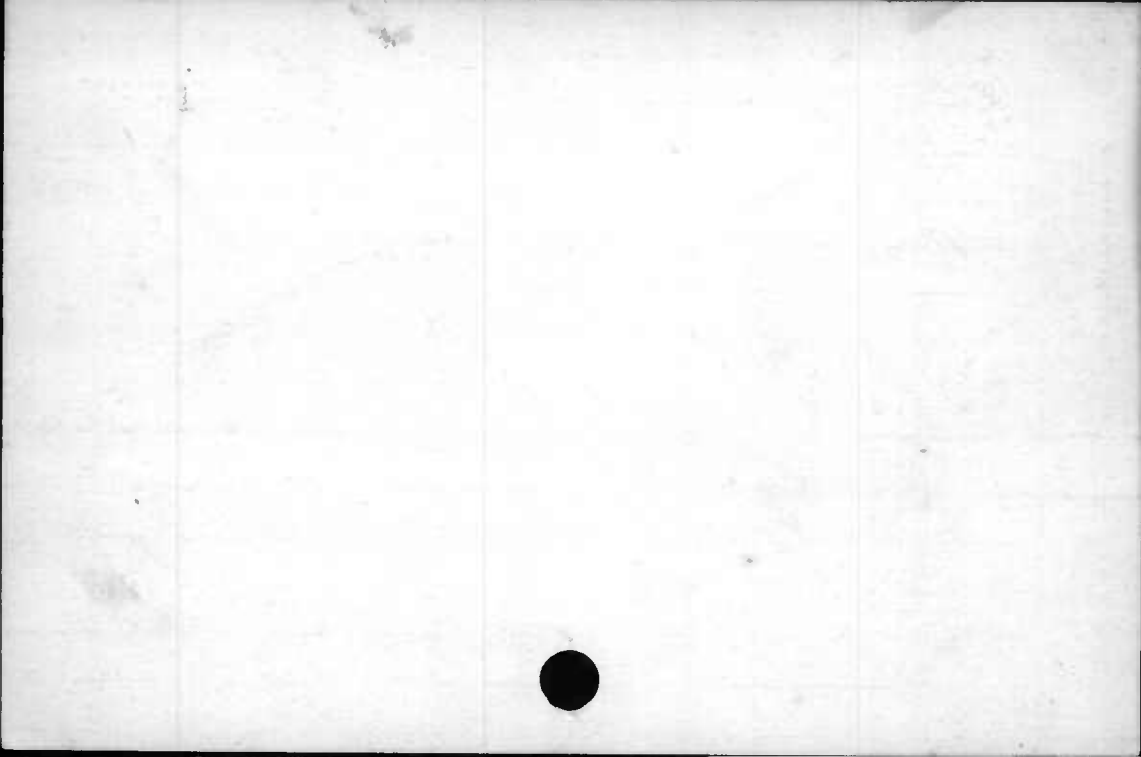
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frankstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	1906	Month	Feb	Day	9	Age	Years <i>—</i> Months <i>—</i> Days <i>12</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frankstown</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Charles W. Smith</i>			Father's Birthplace <i>Frankstown</i>	
Mother's Maiden Name			<i>Elizabeth Harbaugh</i>			Mother's Birthplace <i>Frankstown</i>	
Name of person giving information			<i>Mrs. Elizabeth Smith</i>			How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stroke from lip, &amp; Clot palate</i>	How long	<i>150</i>	How long	<i>13 hours</i>
Immediate	<i>Anaesthesia, and Asphyxia</i>	How long		How long	<i>13 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>			
Signature of Physician		<i>G. D. Newcomer M.D.</i>			
Address		<i>Frankstown, Md.</i>			
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

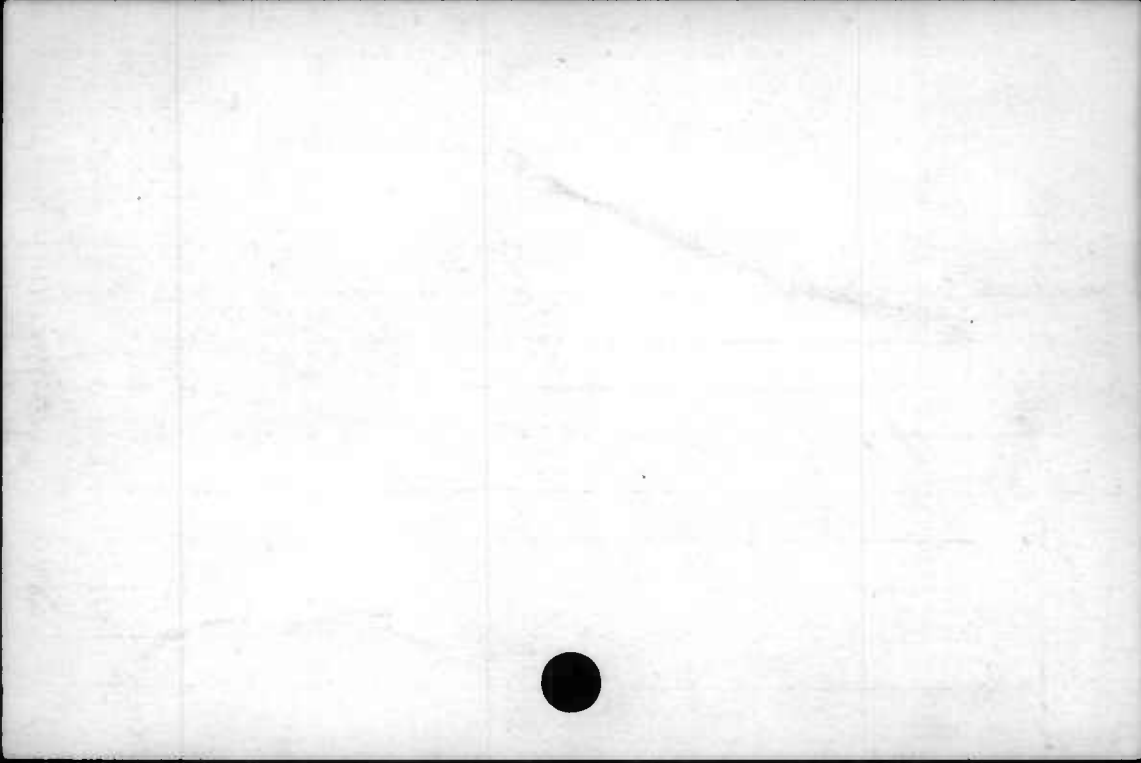
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John R. Smith</i>		Town <i>Kennettville</i>		County <i>Franklin Pa.</i>		STATE <b>MARYLAND</b>	
Died at <i>Kennettville</i>		Date of death 1906 <i>Feb.</i>		Age <i>70</i>		Months <i>4</i>	
Day <i>15</i>		Years <i>70</i>		Days <i>20</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Clorofring Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>1</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Frank Smith</i>					
Father's Name <i>Frank Smith</i>		Mother's Maiden Name <i>Elizabeth Portland</i>		Father's Birthplace <i>Clorofring Md.</i>		Mother's Birthplace <i>Wilmington Del.</i>	
Name of person giving information <i>Daniel M Smith</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gunsot wound of head.</i>	How long <i>About 18 hrs.</i>
Immediate <i>Coma from cerebral hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Harry B. Chidman</i>
	Address <i>Wilmington Pa.</i>
Accident or Suicide? <i>Suicide</i>	



Name  
in  
Full

John. L. Sponseller.

CERTIFICATE OF DEATH.

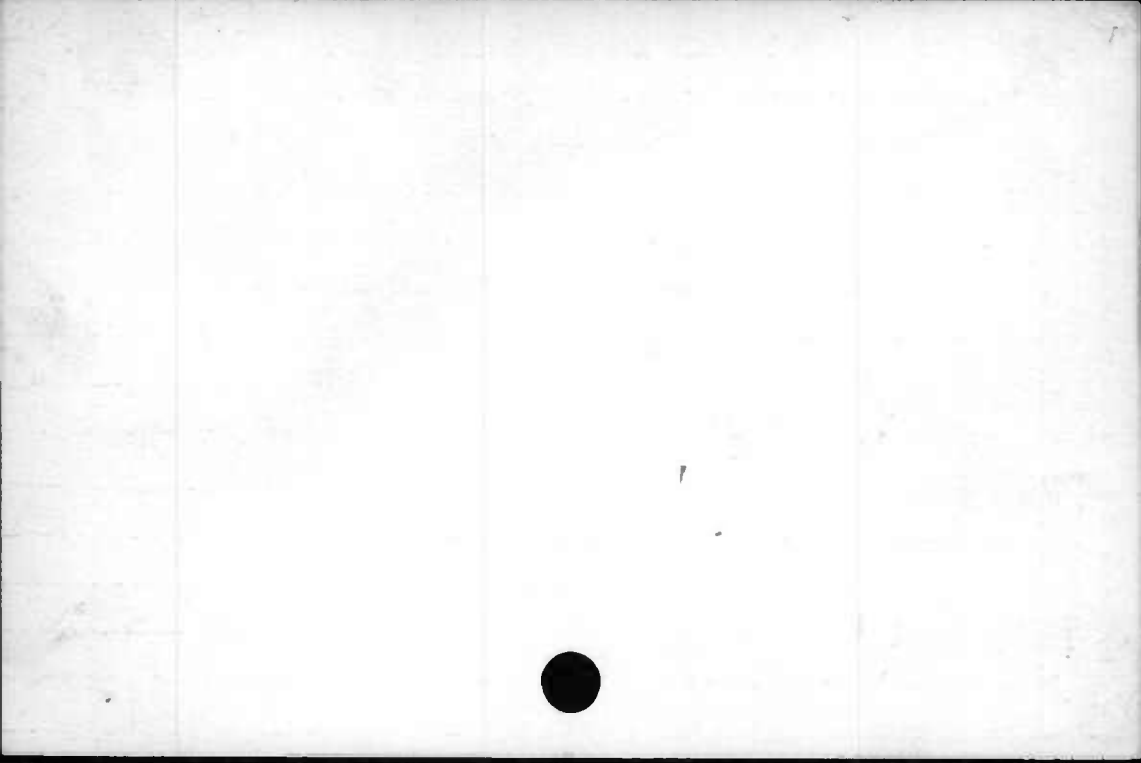
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Clearspring.		County Washington.		MARYLAND	
Date of death	1906	Month 2	Day 2	Age	72	Months	Days 14
Sex	Male		Color or Race	White.		Birth- place	Clearspring
Occupation	Merchant			Where Residing if not at place of death		Clearspring	
Married, Single or Widowed	Single			Name of Wife or Husband		Charlotte A. Stimetz.	
Father's Name	Frederick Sponseller.					Father's Birthplace	
Mother's Maiden Name	Harriett Edlio.					Mother's Birthplace	
Name of person giving In formation	Charles Sponseller.					How related to deceased	Son.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Debility	How long	Three months
Immediate	Heart failure	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Abraham Shank
Yes		Address	Clearspring Md
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

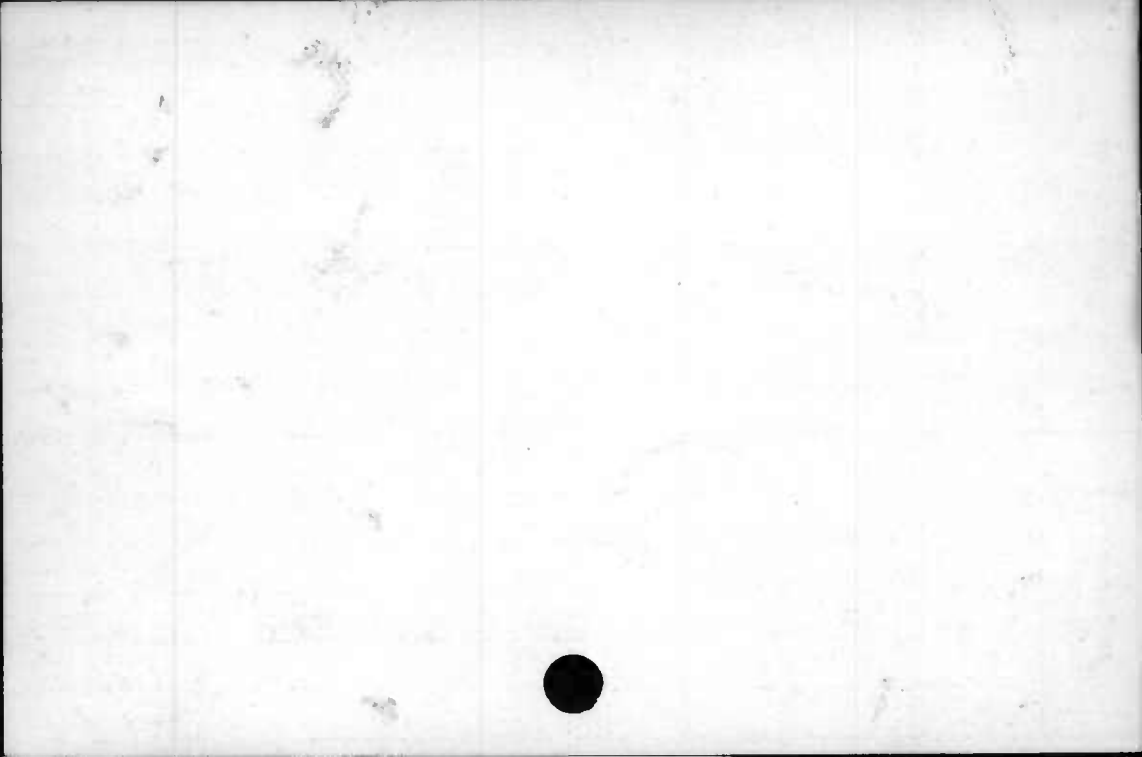
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Funston</i>		Town <i>Funston</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb.</i>	Day <i>5</i>	Age <i>68</i>	Years <i>1</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>female</i>	Color or Race <i>White</i>		Birthplace <i>Fredrick Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alfred. Stauffer</i>						
Father's Name <i>Jonath. Smith</i>	Father's Birthplace <i>Fredrick Co</i>						
Mother's Maiden Name <i>Rebecca Pattenburg</i>	Mother's Birthplace <i>Bakersville</i>						
Name of person giving information <i>Mrs. Patterson</i>	How related to deceased <i>Sister</i>						

## CAUSES OF DEATH

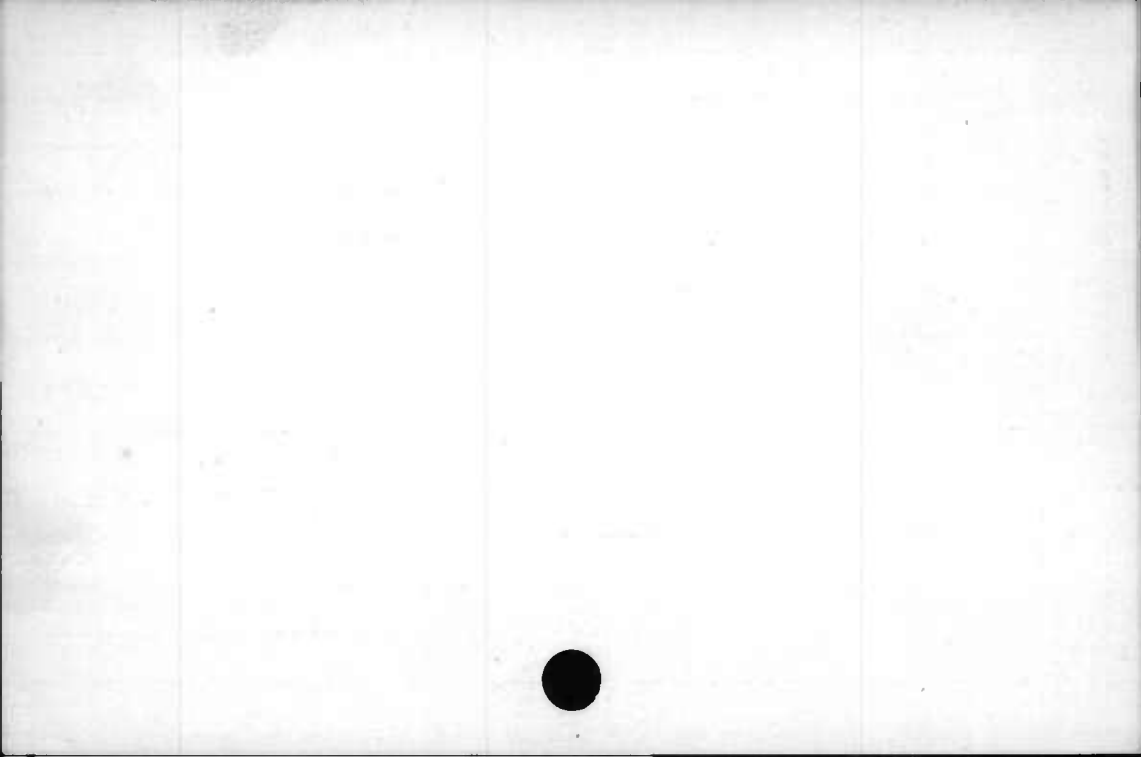
PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 weeks</i>
Immediate <i>Heart exhaustion &amp; Inanition</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Newcomer</i>
	Address <i>Funston, Md</i>
Accident or Suicide?	





Name in Full		Mr Mary E Warner 2/21/1906				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Kagerstown		County Hawk		MARYLAND	
	Date of death		1906	Month 2	Day 9	Age 69	Years 6	Months 15
	Sex		female		Color or Race		white	
	Occupation		H.V.		Birth-place		Md	
	Married, Single or Widowed		widow		Where Residing if not at place of death		Robert Warner	
	Father's Name		George Shaper		Father's Birthplace		Md	
PHYSICIAN OR CORONER	Mother's Maiden Name		Mary Zull		Mother's Birthplace		"	
	Name of person giving information		Geo Warner		How related to deceased		son	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Dropped dead on street				How long (Supposed to have)	
	Immediate		No physician in attendance				How long (Ben frightened)	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Edmund R. Son Undertakers	
	Address		Kagerstown, Md.		Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haymarket</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>2</i>	Day <i>8</i>	Age <i>3</i> <small>Years</small>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harley Whiting</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Maud Lyles</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Harley Whiting</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>Two months</i>
Immediate <i>Broncho pneumonia</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James C. Watkins</i>
	Address
Accident or Suicide?	

Hay Wey

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Henry Geller</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Feb</i>		Day <i>4</i>		Years <i>77</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Retired Farmer</i>				Where Residing If not at place of death			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name <i>Daniel Geller</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Elizabeth Bouke</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Bruce Geller</i>				How related to deceased <i>Son in Law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller, Jr.</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No.</i>	

Daher